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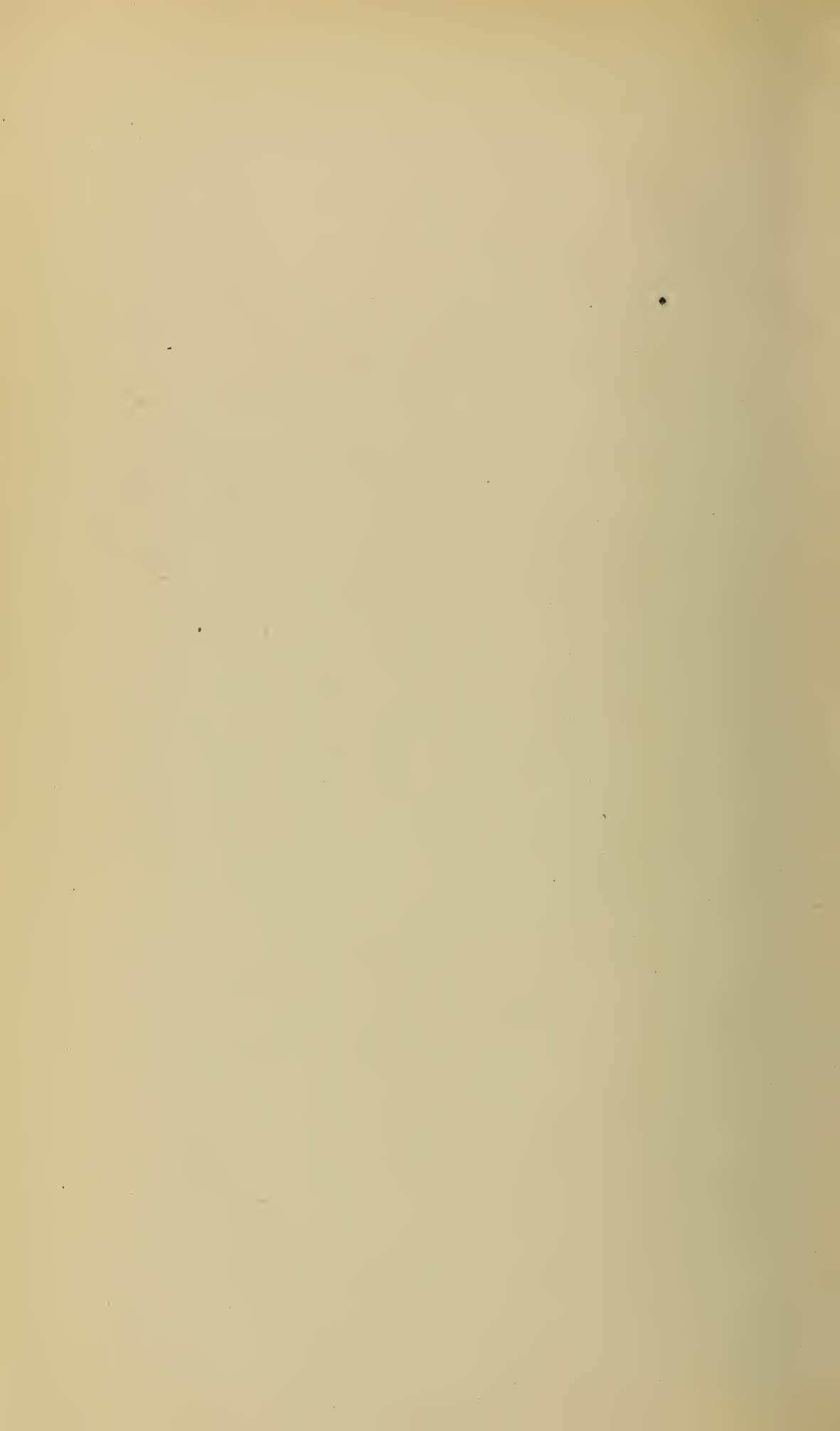
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[Vol. VII.

THE

NEW ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal

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OF

HOMŒOPATHIC MEDICINE,

SURGERY, AND THE COLLATERAL SCIENCES.

I. T. TALBOT, M.D., EDITOR.

WM. TOD HELMUTH, M.D., SURGICAL EDITOR.

JANUARY, FEBRUARY, MARCH, 1872.

*Die milde Macht ist gross.*

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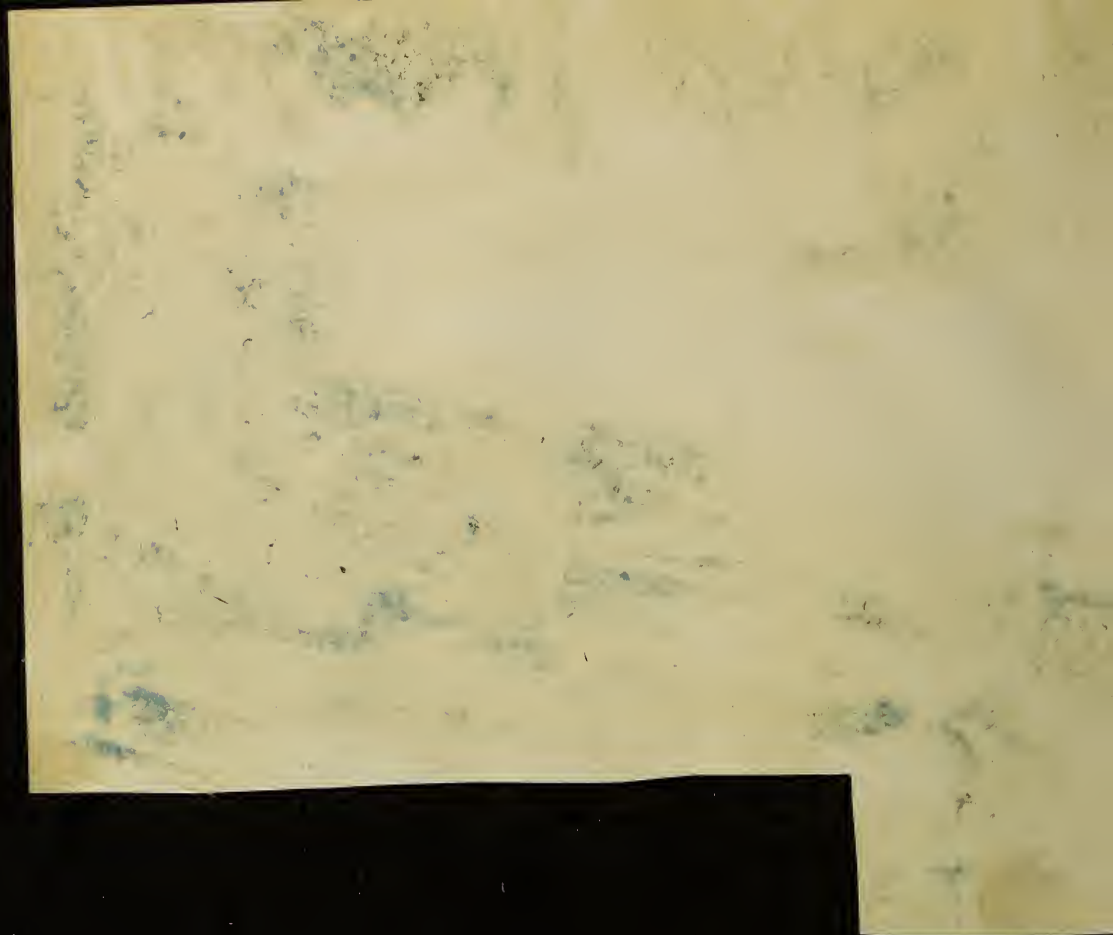


DR. I. T. TALBOT,

66 Marlborough Street.

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BOSTON, JANUARY, 1872.

[VOL. VII.

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## CLINICAL CASES.

BY JAMES B. BELL, M.D., AUGUSTA, ME.

*Read before the Central Homœo. Med. Association of Maine.*

### MALIGNANT SCARLATINA.

THE patient, a boy six years old, had a delicate and rather strumous constitution. The attack was violent from the first. The vomiting was quite severe and prolonged, the fever high, and the restlessness marked, although combined with some somnolence. The pulse was 140; tongue very dry; tonsils much swollen; throat very sore, and breath fetid. The parotid glands became much swollen early in the case. During the first three days he took *Belladonna*<sup>4000</sup>, in solution, with some apparent amelioration. As, however, no marked change for the better appeared, and the case seemed to be running its course nearly unhindered, I gave, on the fourth and fifth days, *Amm. carb.*<sup>200</sup> in solution. By this time the parotid and submaxillary glands were swollen extremely, projecting widely all around, but rather more on the right side. The mouth could scarcely be opened; swallowing was difficult and painful, and the breathing, whether the patient were asleep or awake, had that distressing sound which we have so often heard in bad cases of diphtheria,—a compound of a snore and a mucous rattle.

The breath was very offensive. He was also very deaf. Pulse, 150.

As I am not aware that *Amm. carb.* has found much use among us in scarlatina, I will mention some of the symptoms which show its general adaptability, and which have caused it to do good service for me in many cases.

"Strange uneasiness every evening at seven o'clock, which rouses the child from its slumber. . . . During the uneasiness the head feels bloated and burning; next morning the face is covered with spots, as if scarlatina would break out."

"*The whole upper part of the body is red, as if covered with scarlatina.*"

"A good deal of itching of the skin of the whole body."

"Redness and inflammation in the mouth and throat; these parts are painful, as if sore and excoriated."

"Swelling in the mouth. The whole buccal cavity feels so narrow that she scarcely dares to open her mouth or to move her tongue, lest she should hurt some part by touching it with her tongue."

"*Pain in the throat during deglutition, as if the right tonsil were swollen*; swelling of the amygdalæ; with difficult deglutition, especially early in the morning and in the evening."

"Sensations, as if something were in her throat by which swallowing is impeded, accompanied by a choking pressure, on the right side only."

"Sore throat, sense as of scraping (rawness)."

"Burning sensations in the throat."

"Bad sore throat, a sort of stinging and drawing, or tearing, more painful when speaking; pressure in the throat, with swelling on both sides externally."

"Dryness of the mouth in the evening, which cannot be relieved by drinking."

"Pain and swelling of the submaxillary glands."

There are other symptoms of like import, but with a little variation of the phraseology, for which see the Symptomen Codex. I am not able yet to point out any strictly characteristic symptom, unless it be the predominance of the affection



upon the right side. *Amm. carb.* has often proved curative with me in cases where *Arum triphyllum*, though it seemed to be indicated, has usually failed, although tried in various potencies.

In this case, however, it had no marked effect. Up to the fifth day, the sensorium remained quite clear. The rash was now fading, of course; but the glands were fearfully swollen, and a dirty, putrid sanies was running from the mouth and nose continually. There were some symptoms of derangement during this day, and I gave *Bell.*<sup>4000</sup> in the evening. It did not, however, prevent the development of a wild mania during the night, in which the poor boy seemed in an agony of fear, screaming loudly for help, — “for papa and mamma to come and save him;” he imagined that somebody was going to kill him, and cried, “there they come, look out!” But when his father or mother would approach him he shrank from them with the same fear, and would strike at them with all his strength. It was with great difficulty that he could be kept in bed, as he evidently desired to run away. He often imagined he was driving a horse, holding the reins, and saying, “whoa, whoa.” Imagined he was down in a well, and that somebody was pouring water on him.

When quiet, he was constantly picking his hands, fingers, and the bedclothes. He said he would take his medicine, and feigned that he would do so; then suddenly he seized the goblet and poured it out.

I saw him early in the morning and gave him *Stram.*<sup>200</sup>. Nearly all its symptoms correspond closely with those of the case, and some of them are quite characteristic, — particularly the *great fear, tendency to strike, and to get out of bed and run away*, and the inability to recognize his relatives. (See *Am. Jour. of Hom. Mat. Med.*, Vol. II., page 195, *et seq.*)

The day was passed more quietly, and the night was much more comfortable than the preceding. Consciousness returned the following day with an improvement of all the symptoms. The nourishment through all the sickness was milk, of which he drank freely except during these two days, and which he

now resumed again. The medicine was now allowed to act without further repetition, for the purpose of observing whether it would remove the serious glandular complications. The right parotid seemed likely to suppurate. To my surprise, all these glandular enlargements vanished rapidly, so that they were all gone in about seven days, and the hearing was fully restored. Convalescence was soon complete.

No decided symptoms of this kind are found under *Stramonium*, but we may expect now that they will be further confirmed by others, where this totality of symptoms is found to exist. Unfortunately, this totality is not rare in scarlatina anginosa, and it has frequently proved fatal.

A fatal case, almost the exact counterpart of this, is reported by Dr. Toothaker, in the *Philadelphia Jour. of Hom.*, Vol. II, p. 188. In that I believe *Stram.* would have proved curative.

I should add that the air of the room was so exceedingly offensive, in spite of abundant ventilation, that I allowed a solution of carbolic acid to be placed about in saucers. It served at least to complicate the smells somewhat. I like permanganate of potash much better, it being odorless and more effective.

#### POST-SCARLATINAL ALBUMINARIA.

A well-developed and healthy girl of nine years had scarlatina quite mildly, passing through the regular stages without any marked sufferings or local affections. She seemed to be slowly recovering until the process of desquamation had freely begun, when she became more languid; she had very restless nights, and her appetite failed somewhat. She had an attack of vomiting of the food at this time, which seemed to have been caused by eating a little too much. Her tongue was coated white. Her father, a very intelligent gentleman, reported her condition, and I sent, without seeing her, *Ant. crud.*<sup>200</sup>. A little relief followed, and she was able to keep down some food of a simple character during the three following days. On the fourth day after this ill turn, she was seized with violent pain in the head in the morning, of apparently a very lancina-

ting character, as she would cry out suddenly and want some one to hold her head firmly between their hands. She vomited frequently; throwing up nothing but yellow mucus. Her face was somewhat œdematous, and the abdomen considerably enlarged and dull on percussion. Her feet did not swell.

The urine had been growing scanty for several days, and now did not much exceed eight ounces in twenty-four hours. It was dark, slightly turbid, and had a blackish tinge, as though a few drops of black ink were diffused through it. I gave *Bry.*<sup>2000</sup>, on account of the headache relieved by firm pressure, and took home two ounces of the urine for examination. Albumen was present in large quantity. Albuminaria is not necessarily a grave affection, unless there is decided suppression of urea, and consequent uræmic poisoning. This was, doubtless, the case here; and the persistent vomiting and violent headache were symptoms to occasion considerable anxiety, threatening convulsions and coma. The ascites and œdema were of secondary importance. There was no improvement in the evening, and I then gave *Terebinth.*<sup>200</sup> in water. Improvement began almost immediately. She slept better that night than before, and was able to take a little milk and gruel the next day. The headache also left her. But there was no increase of the urine or lessening of the albumen. On the next day she was still improving, with a returning appetite, but the urine and albumen were very nearly the same. On the third day of the use of the *Terebinthina* the urine began to increase, the albumen to diminish, and the dropsy to disappear. The medicine was now omitted, and the cure proceeded rapidly. The albumen disappeared on the sixth day after beginning the use of *Terebinth.*

I do not think this was a recovery, but a cure; and it is interesting to note the great improvement in the subjective symptoms before there was any perceptible change in the pathological condition and products. The indication is not, evidently, to lessen the excretion of albumen and to promote the excretion of water and of urea, but to cure the patient; and then these changes follow. This illustrates a general principle, which may be stated as follows: the removal of pathological



products, or even restoring the functional activity of organs, by antipathic agents — as, for instance, removing dropsy by so-called diuretics — is no cure; and conversely, the cure does not begin with a removal of the pathological conditions, but with an action upon something far deeper. Shall we call it, with Hahnemann, the vital principle? This is certainly a convenient hypothesis. “The *life* is more than meat.” Every good observer (homœopathic observer he must be) can recall how often, under the mysterious action of the fine dose of the true simile, he has seen the life revive, and animation, courage, and vital power return, — as shown in the brightening of the eye, the clearing up of the countenance, and the general improvement, — long before any organic change to a similar extent can possibly have taken place.

And the lesson I would learn is, that this is beginning at the right end. Peer well into all organic and tissue changes. Question everything with microscope, chemical tests, and all the senses, both in diagnosing and in proving. All will be good and scientific, but the divine law of cure is wiser than all these. The similar remedy, fitting the characteristic totality of the symptoms, and given in the minimum dose, will cure your discovered pathological symptoms, and myriads of other pathological changes which may not be discovered for a hundred years to come. One of the commonest sources of human error in things mundane, is the mistaking of effects for causes. We meet this mistake everywhere in popular error which we have to combat.

“This child has worms: if you can give me something to get rid of the worms she will be well.”

“Madame, we will cure the child, and then she will not have any worms.”

“My child has croup and rattles with every breath. Should it not have an emetic to clear the throat? I think it will be all right then.” “Sir, we will cure the child shortly, and then there will be nothing to clear out.”

“My daughter has not had her monthly turns for six months, and she is running down and growing pale and weak. If you



can give her something to bring them on, I shall be pleased." "My dear old lady, let us cure the chlorotic girl, and she will then be regular."

In these examples the errors are obvious to all, but not less so to me are those of an organopathist attacking "inflammation," "hepatization," "uræmia," etc., *as such*. Perhaps that man can paint a house; but he cannot paint a portrait.

The portrait of *Terebinthina* in this affection has yet to be painted, however, for the most part by ourselves and others. The proving is meagre; and so is the clinical experience also. At the present I can give only the following outline:—

Intoxication, confusion, languor; relieved by profuse and rapid micturition.

Aching pains in the whole head, with vomiting. Excessive fulness and pressure in the head, causing her to scream constantly.

*The pains come and go.*

Thirst; drinking usually causes nausea or vomiting.

*Vomiting of yellow mucus.*

*Urine scanty, dark, with a blackish tinge.*

Urine scanty and turbid.

Urine albuminous.

General languor and weakness.

Ascites, œdema (more of upper parts, thighs, cheeks, etc.?).

Frequent waking and tossing about at night.

I have cured several cases of albuminuria after scarlatina with *Tereb.*, and I venture to emphasize three symptoms as above, as probably characteristic. In my experience it has been much more frequently indicated in this affection than *Apis*, or *Arsen.*, from which it is easily distinguished by the above symptoms.

---

## ON THE CLIMATE OF NEW ENGLAND.

BY G. OEHME, M.D., PLYMOUTH, MASS.

THERE appeared in the GAZETTE for May and June, 1871, at pp. 203 *et seq.*, an interesting article on "The climate of the

United States, and its effects on habits of life and moral qualities." On this I would offer a few remarks.

Prof. Desor attributes many American peculiarities entirely to the *dryness* of the climate. Without pretending to write an exhaustive treatise on the subject, we will content ourselves with a brief inquiry whether this statement is correct, and, if not, what may be the causes of the most probable difference between the people of the two countries. Although the writer speaks of "The United States," yet he evidently meant more particularly New England and New York, as there is almost as much difference between the Eastern, Western, Southern, and Pacific States, as between many of the European countries.

We do not contradict the statement that it is drier here than in Europe most of the time; but as there are as many rainy days, or even more, here than there, — for during dog-days the atmosphere is here surcharged with moisture, — and, finally, as the dew is here excessively abundant, it is plain that this country is not as dry by far as Arabia, Egypt, South America and other countries. But, as in these the dryness of the climate has not had the influence upon their inhabitants which it is said to have had in America, Prof. Desor seems to have drawn a wrong conclusion from his facts.

The climatic influences of a country are not made up solely from the humidity of the air, but also from its temperature and pressure, from electricity and magnetism. These same agents have again a different effect upon the system, when they act in a nearly even flow the year through, or in a quick succession of extremes.

Of the humidity of this climate I have already spoken, and I will here only add that I never saw such heavy dews in Saxony as in Concord, N. H.; it often actually rained from the trees, and the grass was as wet as after a heavy rain. During dog-days the steamy atmosphere reminds one forcibly of the air of hot-houses. Dog-days in Germany are merely hot, without steam. I have no hygrometric records to show the extremes of daily variations; but, judging from common observation, they

must, frequently, be sudden and very extreme, as I have noticed, especially in the fall, very dry days after heavy dews.

Before we speak of the temperature, we would draw the attention of the reader to the difference between the general configuration of the mountains here and in Europe. In America, the principal mountain-ranges run north and south, or nearly so. In Central Europe they generally stretch from east to west. The consequences are very apparent. Cold winds from the north and warm winds from the south find here no impediment to their course. This is the reason why, in the Northern States, the changes of temperature may, at any time in the year, be more sudden and extreme than in Europe.

Aside from these great variations at any hour of the day, there are the extremes of the seasons. I need not enter upon the details of these two kinds of extremes in the New-England climate, as they are familiar to most readers; but for those unacquainted, I will mention a few facts. The winters, in the New-England States, are several degrees colder and the summers very much hotter and more oppressive than in any other country under the same latitude. The following statements I received through the kindness of Hon. Wm. L. Foster, who has made thermometrical observations in Concord, N. H., for fifteen years.

The average minimum daily temperature of the last fifteen Decembers has been about  $18\frac{3}{4}^{\circ}$ ; January, about  $13\frac{3}{4}^{\circ}$ ; February, about  $16\frac{1}{4}^{\circ}$ .

The average maximum temperature during three years past has been: in December, about  $35^{\circ}$ ; January, about  $35\frac{1}{8}^{\circ}$ ; February, about  $37^{\circ}$ .

The average of daily minimum temperature in the summer months has been: of June,  $56\frac{1}{4}^{\circ}$ ; July,  $61^{\circ}$ ; August,  $59^{\circ}$ .

The average of daily maximum temperature (three years) has been: of June,  $76\frac{1}{4}^{\circ}$ ; July,  $80\frac{2}{3}^{\circ}$ ; August,  $87\frac{1}{2}^{\circ}$ .

The highest temperature in the fifteen years was  $100^{\circ}$  in the shade, and  $140^{\circ}$  in the sun, — July 24, 1870.

The lowest temperature in the several months for fifteen years has been: in December (1859), —  $19^{\circ}$ ; January (24th



January, 1857),  $-37^{\circ}$ ; February (1861),  $-26^{\circ}$ ; in March (6th March, 1869),  $-20^{\circ}$ . This makes a difference of  $137^{\circ}$  in the shade, and of  $77^{\circ}$  in the sun, between the hottest and the coldest weather!

The lowest temperature in summer (fifteen years) was in June (June 1st, 1866),  $33^{\circ}$ ; in July (23d July, 1871),  $41^{\circ}$ ; in August (25th August, 1862),  $37^{\circ}$ .

The highest temperature in winter months for three years has been: December (1st and 2d December, 1870),  $58^{\circ}$ ; January (8th January, 1869),  $58^{\circ}$ ; February (13th February, 1869),  $59^{\circ}$ .

The warmest part of a January day was  $17^{\circ}$  warmer than the coldest of a July day, and  $21^{\circ}$  warmer than the coldest of an August day!!

I myself observed, one day in January some years ago, while in Concord, the thermometer at 1 P. M. at  $46^{\circ}$ , with a south wind, and  $-12^{\circ}$  at 5, with a piercing north wind,—a fall of  $58^{\circ}$  within four hours! A temperature of several degrees below zero, even for several days in succession, is there a very common occurrence.

A *general* idea regarding the climate of Germany may be had by leaving out in the New-England climate the four coldest weeks in winter, and the four hottest weeks in summer, and by doubling the number of days in May and June. It is rare to see the thermometer as low as  $-2^{\circ}$  or  $-3^{\circ}$ , or as high as  $82^{\circ}$  or  $83^{\circ}$ ; and although the fluctuations are perhaps as sudden and frequent there as here, yet they are far less. The hottest January day is never warmer than the coldest July day.

Regarding the *pressure* of the air, I have made no observations.

Of the influence of *magnetism* and *electricity* upon the body very little is known; but, no doubt, it is greater than any of the above-mentioned agencies. According to Grauvogl, negative electricity diminishes assimilation and elimination, causing venous stases,—catarrhs, influenza, cholera, etc. Positive electricity increases assimilation and elimination, producing arterial stases,—inflammation of the air-passages and active



hæmorrhages. Decrease of electricity is attended by diminished activity of the lungs and skin; the blood becomes overloaded with carbon, the capillaries relax, and a perspiration ensues, which, however, must not be confounded with that caused by increased capillary activity arising, for instance, from severe exercise.

We know that changes in the weather are attended — or perhaps, more correctly caused — by electric and magnetic changes; and as the former are subject to great extremes, the latter must be also. The frequency of brilliant auroras, and an occasional tornado, are further proofs of such extremes; while such phenomena are exceedingly rare and feeble in Germany.

I will not assume the difficult task of pointing out the peculiarities of the New Englander, caused by these extremes of climatic influence, but wish to draw the attention to a few facts.

In consideration of them, is it strange that we find such mental and moral extremes very common among the New Englanders; as for instance, beastly drunkenness, with fanatical abstinence; munificent charitable donations with proverbial parsimony and the most astounding frauds; the greatest political and civil freedom, with the utmost tyranny of public opinion; extremes in religion, in the application to business, etc.

The peculiar difference between the heads of German and American children — even of infants as well as of grown-up people — has always been to me of great interest. As a general thing, German children have round heads; American children long ones. The adult German has a full, broad forehead, and the difference between the two dimensions — from one side of the head to the other, and from chin to crown — is not nearly so great as in the head of the New Englander, which is long and narrow, frequently with narrow forehead and very arched vertex. May not this be the key to these mental and moral extremes?

Before closing I would correct two statements in the above-mentioned treatise. About the middle of page 203 this sentence is found: "They [the Europeans] have found by experience, that winter in the vicinity of New York or Boston is

nearly as cold as that of the environs of Frankfort, Basle and Zurich." It would have been, at least, somewhat nearer the truth, if the names of the cities changed places, thus: "that winter in the vicinity of Frankfort, Basle and Zurich is nearly as cold as that of the environs of New York or Boston." On page 208 we read: —

"One of the physiological characteristics of the American is the absence of *embonpoint*. Pass through the streets of New York, Boston, or Philadelphia, and you will hardly meet one out of a hundred individuals who elbow you, who is corpulent, and that one will most generally be found to be a foreigner or of foreign descent."

Evidently he had only business streets in mind. The population of a large city differs considerably from that of the country, and the men on the business streets are but a small portion of the whole male population of the place; consequently, these cannot be taken for the type of their respective cities, far less of their respective States. I have seen in the country, or at large public gatherings in the middle-sized cities of New Hampshire and Massachusetts, as many short and fat men as in like places in Germany or Switzerland.

---

CLIMATE. — In further proof of the influence of climate, and at the same time to give a warning to our people in regard to the use of liquor in America, I may add the well-known fact that Englishmen on arriving at this country find themselves unable to bear the same amount of liquor of any kind that they have always used with impunity in Europe. . . . Two Englishmen were travelling at their ease through New England, and continued the same amount of stimulation they had always used. They were quite astonished when after a three months' trip they were both about the same time seized with an attack of delirium tremens, which had never afflicted them in England. Similar but exactly opposite results have been noticed by Americans when visiting Europe. Many a total abstinence man in America has been led while in Europe to use the mild wines of those regions in moderate measure, but as a common beverage at his dinner, and this with decided advantage to his general health. On his return to this country he is often either unable to use similar wines, or he has no desire for them. — *Report of State Board of Health, 1872.*



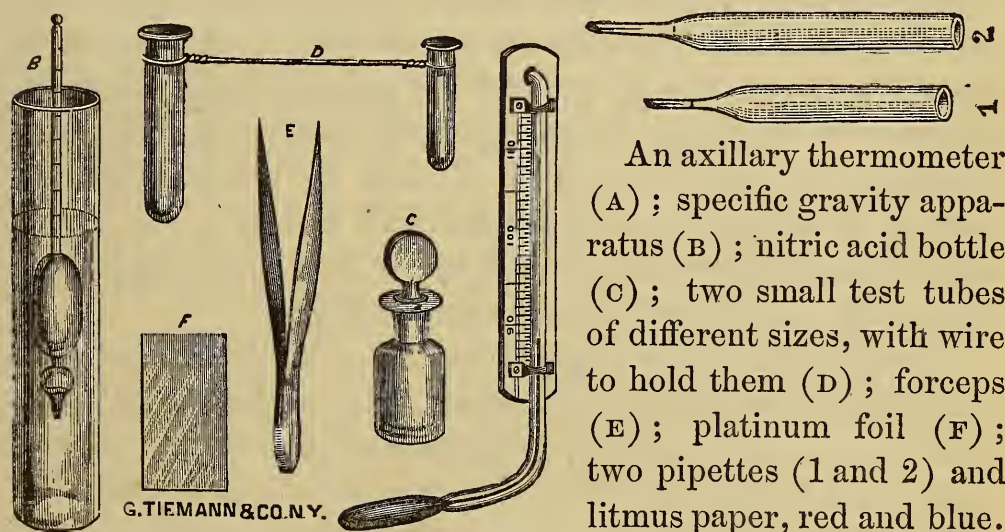
## Surgical Department.

WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

### APPARATUS FOR THE CLINICAL EXAMINATION OF URINE.

BY REUBEN A. VANCE, M.D., NEW YORK.

It is now several years since, that, as an *interne* at Bellevue Hospital, it became my duty to make a large number of urinary examinations daily. For my own convenience, I constructed a sort of clinical pocket-case, containing the following articles:—



An axillary thermometer (A); specific gravity apparatus (B); nitric acid bottle (C); two small test tubes of different sizes, with wire to hold them (D); forceps (E); platinum foil (F); two pipettes (1 and 2) and litmus paper, red and blue.

The whole was neatly enclosed in a leather-covered case, four inches long, two inches wide, and one inch thick, making, when closed, a very convenient case for the pocket.

These few instruments enable the physician to determine quickly, and with a great deal of accuracy: (1.) The reaction of the urine, — whether acid, alkaline, or neutral; (2.) The relative quantity of urea; (3.) The relative quantity of solid ingredients; (4.) The relative quantity of inorganic ingredients; (5.) The relative quantity of organic ingredients; (6.) The specific gravity of the urine; and (7.) The presence or absence of albumen.

No detailed description of these various appliances need be given here. The appearance of litmus paper is familiar to every medical student; and the same may be said of the urinometer, the instrument employed for determining the specific gravity of the urine.

The two pipettes, as will be seen by the accompanying illustration, should be of different lengths, so that they need never be confounded the one with the other. The smaller one is to be used with nitric acid alone; the larger one is to carry urine, and should be used for no other purpose. It is a well-known fact, that when a pipette is inserted a given length into any fluid and the bulb of the finger placed over the other opening, it can be removed from the liquid, and carried any distance, without spilling any of its contents, so long as the upper opening remains closed. Advantage can be taken of this fact in the present instance, and the pipettes are placed in this case for the purpose of accurately measuring, and carefully carrying, small quantities of urine and acid. It will be noticed that each pipette is marked by a horizontal line, which, in the smaller one, is much nearer its lower extremity than in the larger one. The reason for this will be explained presently.

The platinum foil is simply a section of a thin sheet of platinum, and is used when it is necessary to evaporate the urine. It is also useful in testing the quantity of urea in the specimen under examination, and in incinerating the dried residue when we desire to separate the inorganic from the organic constituents. The forceps is intended to hold the platinum when in use.

The first thing to be done is to determine the reaction of the specimen to be examined. For this purpose, we employ the urine-glass, in which we subsequently place the urinometer when testing the specific gravity. Two pieces of litmus paper, — one red and the other blue, — are placed in the bottom of the glass, and a quantity of urine is poured upon them. The normal urine being acid, in the majority of cases both pieces will assume the same color — red. But in certain cases the urine is alkaline when voided, and in certain others it becomes alkaline



from decomposition, and then the reverse will obtain, — both pieces will be blue. Great care should be exercised in keeping the urine-glass clean, and, especially, free from acids; otherwise the results may be vitiated.

To determine the amount of urea in the specimen, place a single drop of urine (which is to be taken from the bottle with the large pipette) on the platinum foil, which with the aid of the forceps is to be held in the left hand, and, with the small pipette, add an equal quantity of nitric acid. In normal urine no immediate effect will be produced; but should there be an excess of urea, crystals of the nitrate of urea will at once make their appearance. In proportion to the excess of urea, this process of crystallization will be rapid and extensive. It will occasionally happen that the liquid on the foil will appear to solidify at once, so quick and complete will be the process. Should nothing of this kind take place, the amount of urea in the specimen is either normal or deficient. To test this latter point, clean the foil, by bringing it to a red heat over a candle or gas flame, and, with the large pipette, place upon it double the quantity of urine used in the former experiment, evaporate slowly to half its original bulk, and then add to it an equal quantity of nitric acid. Normal urine submitted to this test will at once crystallize; should no change of this nature ensue, the amount of urea is palpably deficient.

After cleaning the foil carefully by raising it to a red heat, as in the former case, we can proceed to test the quantity of solid ingredients present. This is to be done by carefully evaporating a given quantity of urine, and comparing the residue with that obtained from the same amount of healthy urine. The platinum foil is to be used for this purpose, and it is well to accustom ourselves to using the same amount of liquid upon all occasions. The large pipette has a mark near its lower pointed extremity which is intended as a guide for dipping out the urine for this test, — the pipette should be filled exactly to that point. In evaporating the urine, care must be taken not to raise the boiling mass to a very high temperature, and in practice it will be found convenient *not* to evaporate all the

liquid, but to form an estimate from the pasty mass which is left upon the foil some time before the last of the water disappears. The quantity of this material furnishes the observer with the data from which to form an idea of the amount of solid ingredients in the given specimen. As in testing the amount of urea, continual practice is essential to enable a physician to judge with a great degree of accuracy.

The residue, which gives us our idea of the amount of solid ingredients, can be used in determining the quantities of organic and inorganic constituents, and their relative proportions in a given case. The pasty mass on the foil is to be slowly raised to, and for some time kept at, a red heat, — the organic matter is thus dissipated. With the handle of the forceps we can gather together the inorganic ingredients which have remained on the platina, and the difference between their present size and their bulk before incineration will indicate the amount of organic matter driven off by the heat, while the residue will denote the quantity of inorganic materials in the specimen under examination.

The urine which was poured in the urine-glass for the purpose of testing the reaction can now be used for determining the specific gravity. The urinometer is to be placed exactly in the centre of the glass, care being taken to avoid contact between the graduated tube and the walls of the glass. As soon as all motion ceases, the figures at the surface of the urine will indicate the specific gravity of the specimen. The specific gravity of normal urine varies from 1,016 to 1,020, 1,018 being a fair average. There is an old rule, called the rule of Trapp, which, while it is far from being altogether accurate, yet possesses a certain amount of truth, and is well to be known. It states that, to determine the amount of solid ingredients in a given specimen, we find the specific gravity and then double the two last figures used in expressing that sum. For instance, the specific gravity being 1,018, the amount of the solid ingredients is  $18 + 2 = 36$ .

In testing for abnormal ingredients, our attention is drawn most prominently and forcibly to the solution of the question

of the existence of albumen in the urine. No other substance possesses such interest, or is of so much pathological importance. The commonly-used tests (heat and nitric acid) are sufficiently delicate; but it is to be feared that, in their general application, their value is more or less impaired by inattention on the part of the examiner to one or two very important rules.

In the first place, the reaction should be accurately noted before applying either test. The reason of this is sufficiently obvious when we remember that albumen is not coagulated by heat when the urine is alkaline, and that even in normal urine,—much more so in a strongly acid specimen,—we are liable to be deceived by an abundant deposit of amorphous urates upon the addition of nitric acid.

The reaction having been determined to be acid, the small test-tube can be filled half-full of the urine under examination, and the upper part subjected to the action of the heat. The wire handle will now be found of great service in holding the tube over the candle, or gas flame. This test is especially satisfactory in cases where the specimen is more or less opalescent from a deposit of the urates. Heat alone will speedily clear up the solution, and the upper transparent portion will contrast strongly with the cloudy lower layer. The albumen, should any be present, will not coagulate until this change has taken place, and will then declare itself as a beautiful white circle at the upper part of the test-tube, which will persist after the addition of nitric acid. The turbidity commonly produced when neutral or alkaline urine is submitted to the action of heat (due to a precipitation of the earthy phosphates) is readily distinguished from that of coagulated albumen by the fact that the former disappears instantly upon the addition of nitric acid.

The test of universal applicability is that of nitric acid. The reaction of the urine does not interfere with its operation; it is equally efficacious in acid or alkaline solutions. But one caution is necessary, and that is, that in highly concentrated urine, a deposit of amorphous urates will occasionally follow its addition, and produce a turbidity which might be mistaken for



albumen. "The two conditions are, however, easily distinguished by observing the level at which the cloudiness begins, and the direction in which it spreads. Albumen begins to coagulate immediately above the stratum of acid, and the turbidity spreads upwards; but the urates appear first at or near the surface of the urine, and the opacity spreads downwards. Heat also readily resolves the doubt, for the urates speedily disappear when the urine is warmed, but turbidity from albumen is not affected by heat." —*Roberts*.

The following simple plan is one I can recommend most thoroughly, and I doubt if those who adopt it will often find themselves disappointed with its facility or accuracy. It is to take the larger of the two test-tubes in this case, fill it two-thirds full of urine, and add the acid by means of the small pipette. The quantity of nitric acid should not exceed five drops, and can be readily estimated by filling the pipette to the horizontal line, near its lower extremity. Then, holding the test-tube in the left hand, carry the point of the pipette to the bottom of the urine and remove the finger from its upper end. The nitric acid will at once form an even, thin layer at the bottom of the test-tube, and the pipette can be removed without disturbing the contents in the slightest degree. Should there be albumen in the specimen, it will coagulate at the top of the acid, and will be at once plainly apparent. Three distinct layers can then be distinguished: first, the nitric acid; next, the coagulated albumen; and, above that, the urine presenting its ordinary appearance. If both albumen and urates are present, — the latter being very common in acid urine, — four very distinct layers are formed. At the bottom will be nitric acid; over it, the coagulated albumen; next, a layer of urine, in which the acid is still so concentrated that it retains the urates in solution, while it is too dilute to coagulate the albumen (Heller); and above that, again, the cloudy urates.



## Surgical Editorial.

### THE LECTURE SEASON.

DURING the past few months all the medical colleges throughout the country have been busily engaged in their respective courses of instruction. It is a curious fact, that a class of students in a very short space of time can measure the status — and accurately too — of every professor they hear. They can tell who is “up,” and who is “down,” in the literature of his branch; they will inform you who is a bigot in his opinions, and who is blessed with a wider liberality of mind; they can tell the fiery-tempered from the meek, and the obstinate man from the wavering.

One cannot look over a class of these young men without forming in his mind a sort of indefinite opinion as to what will await them; whether success and gratified ambition, or failure and degradation of mind. If these thoughts do pass before those who hold professorships in our colleges, how careful should each be to impress upon the now pliable mind of the student every item of truth and wisdom and knowledge which can be brought to bear upon his theme.

There is a great fault, of which men of small minds are very likely to be guilty when lecturing to those classes: it is the glorification of the important “Ego.”

There, before a class of young men who are assembled together for instruction, who — having a common alma mater — are joined into an indefinable brotherhood, who are in the main prepared to swear to everything which is uttered by the sanctified professorial lips, — there, we say, in that lecture-room, with doors shut, does the *little* man delight to swell out his proportions of mind, to relate his wonderful cases, to recount the remarkable cure which was effected by *him*, after others — “physicians of distinction” — had failed, to draw out from his hearers an admiring applause by sinister allusions to others in the profession.

And *cui bono*? It may be set down as an axiom, that the professor who thus enlarges before his class, proportionally contracts, when in the presence of his peers; and the very applause which may have gratified him in the class-room rebounds to his discredit in his daily practice.

Again, there are other men who seek popularity rather than the respect of the class; whereas, it is an easy matter, by the exercise of

a little common-sense, to have both. A pompous ignoramus would never gain the respect of the class; neither would a rigid, sour, crabbed, cross-grained man of science be likely to obtain popularity; but that professor will always be the favorite who remembers that he has once been young himself; who endeavors to teach correct science, without egotistical digressions; who strives to be conscientious in giving all he knows upon the subjects on which he lectures, and never "puts on airs." If there is a class of men on earth who detest what is popularly termed "*airs*," of that genus is the *medical student*. If any professor in any medical college doubt the truth of this assertion, let him try the experiment.

In expressing opinions, a professor should always be guarded, because of the uncertainty which exists on many matters of science. No one can read over the medical evidence lately given in the Wharton trial without being struck with the diversity of opinion which may obtain in the minds of professional men. A most striking instance of this kind has lately occurred in this city of New York, which is really so pointed that it deserves to be placed upon record. The case is well described in the *New York Evening Post*, from which we quote:—

"A striking instance of an unexpected source of error in scientific investigations was witnessed in the last case tried by Mr. Justice Jones, in the Superior Court in this city, being the case in which the house of J. & J. Colman established their right to a bull's head as their trade-mark on mustard. Prof. Doremus, one of the most celebrated analytical chemists of New York, a witness called by the defendant, had alleged, as the result of his experiments, that mustard contained over eleven per cent of starch.

"Two other analytical chemists, one of them Prof. Chandler, of Columbia College, alleged that mustard contained no starch. The evidence was in this conflicting condition when both parties rested, and the case was adjourned until the next morning for argument. In the mean time Prof. Doremus applied to the counsel of the defendant to move to so far open the case as to allow him to vindicate by actual experiment in open court the correctness of his statement as to the existence of starch in mustard. The motion was made and granted; and on the 5th of December last the court-room presented the appearance of a chemical laboratory.

"The Professor, with his assistant, prepared mustard for experiment in open court by pounding the seed in a mortar. He placed the

crushed seed in distilled water and boiled the mixture over a spirit lamp. He then threw some of the solution on sheets of filtering paper, applied his chemical test, and exhibited to the court on the paper the characteristic blue iodide of starch. The experiment was varied in many ways with the same result, and at the end of the testimony many sheets of paper were thus colored. The demonstration seemed perfect. On Prof. Chandler being called to the stand, he made experiments which, in his view, demonstrated that starch did not exist in mustard, and stated that he was not satisfied with the experiments that had been made by the defendant's witness.

“‘Why,’ said the defendant's counsel, ‘are you not satisfied with the reaction for starch, exhibited by Dr. Doremus on the dozen or more sheets of filtering paper?’

“‘I am not certain, to begin with,’ said Prof. Chandler, ‘that the paper would not have produced that reaction without the mustard.’ Whereupon the counsel handed to the witness some of the clean paper, and asked him to apply the test to it himself. He did so, and the result was a deep blue, thus showing the illusory nature of the prior tests, and that the experiment was entirely worthless as proof that starch was contained in mustard.

“Now here was a chemist of great learning and experience, pledging himself under oath to the presence of starch in mustard, exhibiting in the frankest way his experiments in open court, and in the presence of eminent chemists, and producing, as the result, the characteristic blue which concededly demonstrated the presence of starch. If the question of life or death depended on this testimony, could a jury have been in doubt? and yet, by oversight, a vital element in the problem had been overlooked. The thing sought for was not in the substance analyzed, but in the paper on which for convenience it had been poured.”

With such facts as these, placed patent before the eyes and minds of the profession, who can teach positively to a student the recondite mysteries of Nature and the workings of Nature's laws? And who—in his senses—should dare to impugn the remarks, or the experiments, or the operations of a brother in the sciences, unless he has a perfect and absolute certainty upon the point in question?

These are the points for our teachers to study; these are important items for the serious contemplation of those who hold the responsible office of teachers in our community.



## The New England Medical Gazette.

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BOSTON, JANUARY, 1872.

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THE year 1872 promises to be one of peculiar importance to homœopathy. There has never been a time when this science was exciting an influence upon the whole medical profession so powerful and so wide-spread as now. Our colleges are prosperous, and our hospitals are rising in all the principal cities in this country and abroad. At no point, however, is this influence more active than at Boston, the metropolis of New England. The opposition has here concentrated its force and organized an effort to condemn, and if possible crush out, homœopathy. The so-called "trial in Temple Place," in the past year, was one of a series of conflicts which are now pending, and in which, we are sure, every member of the profession will feel a deep interest. Certain persons in the Massachusetts Medical Society have never been wanting in a due malevolence towards its homœopathic members, and they have spared no effort to find occasion to exhibit it. This, on a former occasion, brought the persecutors into near contact with the laws, that guard the personal rights of the humblest citizen, and the shock was sufficient to cool their ardor in that direction. But after many years of helpless quiescence, the allopathic mountain is again in travail. The persistent growth, during the past thirty years, of a heresy that "could not live a decade," was not enough to precipitate our opponents on their fate; the fulminations of the American Medical Association, a body half a century the junior of the Massachusetts Medical Society, brought on the crisis. Their forlorn assault upon liberty of thought in their Society has advanced step by step, as we anticipated; only that while the legal rock on which their cause was to split, was apparent to the least shrewd observer, no one could have anticipated such an uprising of public opinion as we have seen. The *Gazette* for 1871 recorded the end of their beginning; may that for 1872 tell a no less interesting story of their progress.

In Boston, the past year has seen the Homœopathic Dispensary located on premises of its own, and the Hospital has begun its long-delayed beneficent work, with a success greater than was anticipated. The Fair for its aid, on the eve of which we now are, promises to make



a new era in our history. Our college, too, is to become a reality at no remote day.

New York has preceded us step by step. Its magnificent college and hospital, and in an adjacent county, the rising walls of the first homœopathic hospital for the insane, are the most splendid trophies that our cause has ever gained in any one year.

Philadelphia has long been the centre of American medical education. Homœopathy saw last year its teaching talent concentrated in a single school well worthy of the place. Its progress will act as a stimulus on every homœopathic college in America.

The fiery besom that swept to destruction the best part of Chicago, including the business portion and the homes of so many of our friends, spared our institutions there. With the new growth of the indomitable city, new energy will also be infused into these institutions. What new triumphs will the *Gazette* for 1872 record?

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## REPORTS OF SOCIETIES.

### MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by E. U. Jones, M.D., Secretary.*

THE semi-annual meeting was held in Fraternity Hall, Boston, October 11, 1871.

#### MORNING SESSION.

The meeting was called to order at 10½ o'clock, by the President, C. Wesselhoeft, M.D.

The records of the annual meeting, of the special meeting held August 30, 1871, and of the last two meetings of the Executive Committee, were read and approved.

THE CHICAGO CONFLAGRATION. — The President, before commencing the regular business of the session, alluded to the great calamity which was stirring the sympathy of every heart throughout the land, and expressed the earnest hope that, among other duties of the day, deep sympathy should be expressed for the sufferers by the great conflagration at Chicago, and that this sympathy should take a more tangible expression than mere words. It falls within our sphere to relieve suffering; our calling tends to keep our sympathies on the alert, and the appeal to them to-day will not be in vain.

Dr. C. H. Farnsworth suggested that some of our professional brethren in Chicago might be sufferers by the fire, and all moneys now collected should be devoted to their special assistance. He offered a resolution to that effect.

Dr. Underwood thought that the action of the Society should be confined to resolutions of sympathy with the sufferers, as thus we should be following our usual custom.

Dr. Farnsworth replied, that the resolutions should emanate from the Society, but that the contributions should be entirely individual. We do not yet know how many of our brethren have suffered, nor how severely. He moved, that a committee be appointed to draft resolutions expressive of the sympathy of this Society, and that they should also receive and transmit such amounts as individual members of this Society may contribute to the aid of their suffering professional brethren. It was adopted, and the committee appointed, consisting of Drs. C. H. Farnsworth, I. T. Talbot, and W. P. Wesselhoeft.

NEW MEMBERS. — John V. Warren, M.D., of Palmer, C. W. Scott, M.D., of Lawrence, and James B. Harvey, M.D., of Grafton, having been duly reported to the Society from the Executive Committee, were unanimously elected members.

FINANCE. — The Treasurer, Dr. T. S. Scales, submitted his semi-annual report as follows: — In the treasury last April, \$410.00. Received since, \$364.00. Total, \$774.00, Paid out for various bills, \$779.00, leaving at the present a deficit of \$5.00.

LIBRARY. — The report of the Committee on Library was presented by William P. Wesselhoeft, M.D., who thankfully acknowledged the receipt of Andral's *Clinique Médicale*, 1836-38, 5 vols., from Dr. Mathes, of New Bedford.

The Librarian, D. G. Woodvine, M.D., reported that he had removed the books to his house, there being no other suitable place for them; and that the book-case, having been found inadequate to its purpose, had, by the advice of the Executive Committee, been sold.

## MATERIA MEDICA.

The Committee on Materia Medica reported, through its chairman, J. Heber Smith, M.D., the following cases: —

I. *Arsenicum in Asthma*. — Paroxysm commencing at midnight, and continuing till daybreak, so severe that he cannot lie in bed; he has a fear that he will be impelled to destroy his own life. This had continued eight successive nights. *Prescription*: *Arsen. alb.* <sup>2000</sup>, one dose. No return of the asthma. *Dr. L. Whiting.*

II. *China in Asthmatic Cough*. — For many weeks the paroxysms commenced at midnight; but, for three months past, they have begun at three A. M., and continued from an hour and a half to two hours, or until the expectoration became free. Expectoration frothy, tasting badly. Sharp stitch in right pneumo-hepatic region; headache on alternate days, in left temple, extending over the left side of the head, and down through the occipital into the left cervical region; it always commenced in the morning, with an illusion as if a bright gold chain was being dangled before the eyes, the image being the same whether the eyes are open or closed. Previous to this cough she had been taking, for some months, teaspoonful doses, three times daily, of Fowler's solution. *Prescription*: *China*<sup>1</sup>, which gave immediate relief. *Dr. L. Whiting.*

III. *Silicea in Inflammation of Joint*. — The location was in the second phalangeal articulation of the second finger of the left hand.



It had continued for two months; cured in five days, by one dose of *Silicea*,<sup>40.000</sup> (Fincke.) *Dr. L. Whiting.*

IV. *Ant. crud. in Aphonia.*—The attack followed sunstroke, and persisted after all cerebral danger had passed. On the fourth day the patient presented the following symptoms: dumbness from exposure to the sun, nausea, belching of offensive gas, rumbling in the bowels, constipation, foul-looking mouth, tongue coated white, and great drowsiness. *Prescription: Ant. crud.*<sup>200</sup>, every three hours during the night. Cured within twenty-four hours, with the exception of a morbid desire to settle his bill.

*Ant. crud.* has also aggravation of symptoms by moonlight, and hence may be of service in the treatment of epileptics with the predominating gastric derangements which are symptoms of this remedy. *Dr. J. H. Smith.*

V, VI. *Zincum and Arsenicum, in poisoning by the same.*—Dr. Smith submitted his case of zinc poisoning, already published in the *Gazette*, and an interesting case of poisoning by arsenic, which will appear in a subsequent number of the *Gazette*. Dr. P. K. Guild, of Jamaica Plain, was led by Dr. Smith's statements to present the two following cases, the first in his own practice, the other in that of Dr. Houghton, of New York:

VII. *Poisoning by Digitalis.*—I was called, September 16, 1870, to see Mrs. H., who complained of a very distressing nausea, together with a heavy headache and flashes of light before the eyes. After reciting her symptoms, she told me she had been drinking pretty freely of mullein tea the last two days preceding, for a cough; this, she suggested, might have something to do with her present condition. This was on Thursday, and I did not see her again till Saturday night, when I found her condition much the same. In the meantime I had learned that she had taken *Digitalis* instead of mullein, having mistaken the former for the latter-named drug. Upon further inquiry, I elicited the fact that there had been great commotion of the heart previous to my seeing her,—a great throbbing and pounding, as she expressed it. During all this time, from Wednesday to Saturday night, she had not been able to take any food or drink, or to sit up much of the time. She now took one dose of *Digitalis*<sup>8.000</sup>. Next morning I found her well, with the exception of some slight flashes before the eyes, which, however, received no further attention.

VIII. *Ergot poisoning.*—Dr. Houghton, of New York, had related to Dr. Guild a case of poisoning by large doses of *Ergot*, which was promptly relieved by *Ergot*<sup>200</sup>. *Dr. P. K. Guild.*

*Proving of Kali Hydriodicum.*—Took at one dose fifteen grains. At night, after retiring, but before going to sleep, had a terrible spasmodic pain at the root of the tongue, extending to both sides of the throat. For about fifteen or twenty minutes the pain was excruciating, causing a fear that death was impending. There was a sensation as if the spasm would close the pharynx. *Dr. Colby.*

[This symptom may be an aggravated form of that furious longing for the open air, which causes patients who have been over-dosed with this drug to strive to jump from the windows]. *Dr. J. H. Smith.*

*Proving of Sea-water.* — It causes constant hawking and raising of phlegm, white and tough like cotton. *Dr. C. Wesselhoeft.*

### CLINICAL MEDICINE.

The report on Clinical Medicine was presented by A. F. Squier, M. D. : —

I. PARALYSIS. *Zincum oxydatum.* — It included a case, by Dr. Oehme, of typhoid fever treated with *Zinc oxydat.*, closing with these remarks : “ Paralysis is not unusual, in severe diseases ; but it is rare that a young, robust person, not predisposed to paralytic affections, should be taken with it severely, at the end of the first week of an apparently mild typhoid fever. But whether paralytic symptoms appear sooner or later in acute diseases, *Zinc. oxydatum* will always be one of the principal remedies. Elb. recommends it highly in scarlet fever, when paralysis of the brain is imminent. (*Allgemeine Hom. Zeitung*, 31 : 233.) ”

II. TREMBLING. *Lycopodium.* — Dr. Oehme also detailed a case, treated by *Lycopodium*, of trembling of the arms and hands. At the close of it he said, “ Even if there should be no entire cure or permanent relief obtained, it is interesting to observe that diseases which have existed since childhood can be affected so quickly and decidedly by medicines. I was induced to give *Lycopodium*, because spasmodic trembling of the hands was one of its symptoms, and because it was recommended by Gallavardin (*Hirschel, Neue Zeitschrift für hom. Klinik*, 10 : 37), for the shaking of the head in aged persons, an affection very similar to that of my patient, only with this difference, that in the one case the four *nervi spinales superiores* are affected, and in the other the four *inferiores*.

III. GLANDULAR SWELLINGS. *Aurum muriaticum.* — Dr. Oehme further presented a case of chronic glandular swelling greatly relieved by *Aurum mur.*, with an intercurrent chorea-like affection, cured by *Argent. nit.* This affection was caused by the pressure of the swollen glands upon the nerves, and was twice removed, and the consequences kept off by the medicine, notwithstanding the cause was increasing.

IV. VESICAL CATARRH. — Dr. Butman reported a case of acute vesical catarrh, promptly relieved by *Nux v.* ; one of chronic metritis, rapidly cured by *Nitri acid.* <sup>200</sup>, chosen because, in connection with other symptoms, the debility was especially marked in the morning, and all the symptoms were greatly ameliorated while riding in a carriage ; and one of spinal irritation, quickly and entirely cured by *Cocculus* <sup>200</sup>.

V. GASTRITIS. — Dr. Squier reported a case of acute gastritis, which was soon relieved by *Merc. corr.* <sup>2</sup> ; one of chronic tonsillitis, entirely cured by *Baryta* <sup>200</sup> ; and several cases illustrating the use of *Chloral* in parturition.

In answer to a question, Dr. Squier said that from the fact that, immediately after the administration of the chloral, the pains began to be of an almost continuous character, and increased greatly in



intensity, it appears that it did really increase the force of muscular contraction.

Dr. Chase had noticed that practitioners in other countries had spoken well of the use of chloral in such cases. He had had no cases in which the pains were brought on by it, but it did seem often to abolish the suffering. Even the application of the forceps was without pain to the patient under its influence; and in some cases the child had been born without the knowledge of the patient.

Chloral was superior to ether or chloroform, as it interfered less with the normal action of the whole system.

Dr. Underwood: It occurs to me that the good results referred to in the use of chloral, must have arisen from its quieting effect on the nervous system. We have all of us, undoubtedly, seen similar results from the administration of morphine.

Other gentlemen seemed to acquiesce in this view.

#### OBSTETRICS.

The report of the Committee on Obstetrics consisted of two papers.

I. GESTATION IN CANCEROUS WOMB. — Dr. W. P. Gambell presented an interesting case of pregnancy during the existence of cancer of the uterus. The child was carried to full term, was born without unusual suffering, and was healthy and strong. Four months after confinement the mother died, and autopsy revealed an extensive cancerous ulceration of the uterus, of the intestines, and liver; the latter organ being three times its natural size, and a complete scirrhus mass.

II. SPONTANEOUS TURNING. — Dr. J. H. Woodbury read a case of spontaneous podalic version. He presented it more for its rarity than for possessing any points of practical value. This spontaneous change from head to foot presentation, took place while his whole hand was in the vagina, and its various stages were distinctly marked during the successive pains. The woman was fully etherized. He considered that the labor pains had been really only contractions of the circular fibres, and not at all of the longitudinal, and hence the failure of the head through eight hours, to make any progress. He considered the labor to have been perfectly natural at first, and probably for many hours, before the abnormal contractions took place.

Dr. Chase: Might it not have been that your hand was the cause of the change in the direction of the head?

Dr. Woodbury: I am not aware that I used any force whatever with the hand that could have influenced the position of the head.

Dr. de Gersdorff thought that the change in the foetus might have been caused by a peculiar contraction of the uterine fibres. He thought it possible that the child might change its position in a very short time, by the action of a portion only of the womb. He believed such cases were not uncommon, as he had seen similar cases in his practice, in which, on tactile examination, the head would sometimes move upon his hand for several inches.

## CASE OF DR. SHATTUCK.

Dr David Thayer presented the report of the special committee appointed Aug. 30, in relation to certain acts of the Surgeon-General Dale. The committee met His Excellency, the Governor, in the council chamber, September 19th, and laid before him, in an address delivered by the Chairman, Dr. Thayer, some of the grievances which homœopathy had received at the hand of the Surgeon-General, in addition to his late refusal to approve the commission of Dr. Henry P. Shattuck as Medical Director of the First Brigade M. V. M., after his appointment by Brig. Gen. I. S. Burrill.

Governor Claflin, in reply, founded his refusal to interfere upon the feeling that promotion from point to point in the army should be adhered to; that the appointment of Dr. Shattuck was from outside, and would place him over men who had been longer in the service, and longer in medical practice; but that if Dr. Shattuck passed examination before the Medical Commissioner he would then commission him. The Governor entirely ignored the animus of the Surgeon General toward homœopathy, as set forth in the address.

Dr. Thayer, in presenting the report, remarked that it is deemed proper to state, that in the Governor's reply to our address, we find no answer to our complaints, or apology for the insolence of the Surgeon-General. His Excellency attempts to excuse himself for withholding the commission of Dr. Shattuck, on the ground that the nominee is young, and has not seen much service in the war, or in the militia, and that he was not distinguished as a physician. We would inquire, then, why Dr. Stedman, the last Medical Director of the Brigade, who had been graduated but a few months, and who had never practised at all, was not required to be examined by the State Medical Commissioner? and why was not his commission withheld? Dr. Stedman was *not* a homœopathist; therefore, though much younger than Dr. Shattuck, he was commissioned as Medical Director without any examination whatever.

The Governor would have us believe that General Burrill should have chosen as Medical Director the senior regimental surgeon of the brigade, and not have gone outside to find that member of his staff. That is an assumption not warranted by law, nor by custom in this Commonwealth. If this rule be followed, His Excellency may be obliged to take into his own military family staff officers not of his own selection. The militia law of this State provides that the staff officers of a brigade commander shall be appointed by that commander. The same manner of appointing staff officers is prescribed for the Commander-in-chief, the Major-General, and the regimental and battalion commanders. There is no provision of the law that these appointments shall be made by seniority, nor has it been the custom. But we presume His Excellency's happy thought of laying down a rule for his subordinates was not duly considered, or at least was not intended to apply to the Commander-in-chief, as every member of his own staff was appointed from the outside, not one of them being in commission at the time.

It is evident that the refusal to commission Dr. Shattuck was based



on the opposition of Surgeon-General Dale, and an unwillingness to disoblige him. And I hope the Society will instruct the Committee on Legislation, to petition the Governor to remove Dr. William Dale from the office which he has degraded and disgraced; also, to petition the General Court for the abolition of the office of Surgeon-General, and the State Medical Commission.

Dr. N. R. Morse moved that the committee of thirty be ordered to petition the Governor to remove Surgeon-General Dale.

Dr. A. F. Squier remarked that there was a standing committee on legislation whose business it was to see to just such matters for the Society. There is no reason why this matter should be taken from them, and he moved, as an amendment, that the subject be referred to the Committee on Legislation.

Dr. A. J. French: I wish that the gentleman would change his motion. I understand that the Governor holds very friendly relations with the Surgeon-General, so that he would not be likely to listen to any proposition to remove him. I think it is due to our self-respect, that we should fully carry out the measures we have proposed; and we cannot do this by any application to the Governor, so well as by an appeal to legislation.

Dr. Squier: It seems to me, that the motion interferes with the action of the Committee on Legislation; and before we pass any resolutions, taking anything from their duties, it will be better to hear the report of that committee.

Dr. French: I believe that the suggestion which I made was not clearly understood. I intended that resolutions should be prepared and presented to the *new* Governor, and not to the retiring one. I believe that Governor Claflin is so much of a friend to the Surgeon-General that he will do nothing in the matter. The time has come when we must fight. I have not seen one who does not say that we are right in this matter, and that we must insist on our rights.

Dr. Talbot: I cannot think it wise or proper for us to pass resolutions, or even petition Governor Claflin to remove Surgeon-General Dale on account of his action in this matter, for the Governor told us plainly and unmistakably that he did not accept or reject any one on Dr. Dale's authority, and that homœopathy was not the cause of Dr. Shattuck's rejection. Under such circumstances, it is not probable that he would remove the Surgeon-General for any action he has taken in this matter. In many ways Dr. Dale's conduct has been offensive to us, and the resolution of the Board of Examiners by which we are deprived of even an examination for office, is a standing insult. But I think our redress lies in some other course than a petition to the Governor or a mere resolution of the Society.

Dr. T. S. Scales: It seems to me that it is a waste of paper and ink to pass any such resolution as that proposed; and I hope there will be no action on this matter at this time. In our own hearing the Governor fully and clearly stated that he was in no way influenced by the opinions of the Surgeon-General in regard to the practice of the medical applicants. I think it would be much better to leave this whole matter to the Committee on Legislation, and make no false starts. When we take action let it be such as will be successful.



Dr. de Gersdorff moved as an amendment, that the whole matter be referred to the Committee on Legislation. He thought that it might be advisable to petition for the abolition of the office ; but that action should still be left to the committee. They will take into consideration what are the best means for its abolishment, and to attain all the objects we have in view.

Dr. Packard : I do not know as my friend's amendment is just the thing. I do not wonder that Dr. Talbot takes the view which he has just expressed ; yet, after being insulted as we had been, I felt like taking my hat and leaving. I do not like the position of things. When two of our most respected physicians undertake to make things look bright, I do not understand it. It is possible that Governor Claflin would now appoint another homœopath, if desired, in the place of Dr. Shattuck. But it is not right that a man should be thrown away on account of personal enmity.

Dr. Thayer : The committee appointed on the 30th of August will consider that they have the right to draw up a petition for the removal of Surgeon-General Dale, and if necessary, they will not regard their duties as finished until they have petitioned the legislature for the abolishment of the office. And it strikes me that the motion of Dr. Morse is eminently proper at this time ; for it will be interpreted by the Committee on Legislation as an instruction, or as an approval of such a course of action. We have done with the Governor all we can. He made a reply to us which was, in no sense and no degree, a reply to our complaints. The next thing is, if we cannot get redress by these means, to appeal, and ask something more than the removal of the gentleman holding the office, — we will appeal for the removal of the office itself.

Dr. Talbot : I think we are all agreed about one thing, — to direct our endeavors to a proper and successful issue. Dr. Packard has given us some grave doubts as to whether we shall receive fair treatment. After the Governor has said to us that homœopathy does not stand in the way of his appointing men to the offices desired, — after he has given us the assurance of his willingness to give homœopathic practitioners an equal chance, it seems to me that we should take him at his word. But if he does not act in accordance with this, then, I say, we may attack the Governor in full force. But if Dr. Packard will tell us what is the best course to take to secure the objects we desire, he will do us more good than by looking on the "dark side," or by pointing out how completely we have failed heretofore.

Dr. Packard : I do not think Governor Claflin will do the right thing by us, under any circumstances whatever.

Dr. Talbot : I do not think that Dr. Packard has answered the question. The Surgeon-General stands between the General of the Brigade and the Governor, and refuses to recommend the appointment. As the matter now stands, it is between the General who insists upon his appointment, and Governor Claflin who refuses to ratify it. If, as I believe, the Surgeon-General is the cause of this injustice, and we can do anything for his removal, such measures shall have my hearty, earnest, and continued approval. It would be difficult to point to any

one who has said harder things concerning these official abuses of which we complain, than I have done. •

Further discussion of this subject was postponed till the afternoon session.

Dr. C. H. Farnsworth, chairman of the committee on the Chicago calamity, reported the following resolution:—

*Resolved*, That the members of the Massachusetts Homœopathic Medical Society entertain the deepest sympathy for the sufferers by the Chicago conflagration, but more particularly desire to express their interest in, and offer their aid to their brother physicians who have been afflicted by this fearful calamity.

The resolution was unanimously adopted, and the sum of \$256.00 was collected to accompany it.

A recess was here taken for refreshment.

#### AFTERNOON SESSION.

CASE OF DR. SHATTUCK CONTINUED.—At the opening of the session, the following motion was offered by Dr. Morse, the original motion and the amendment thereto by Dr. Squier having been withdrawn.

*Voted*, That the Committee on Legislation be instructed to take such measures as they may find necessary for the removal of Wm. J. Dale, M.D., from the office of Surgeon-General of this Commonwealth, and, if deemed expedient, to petition the legislature for the abolition of the offices of Surgeon-General and of the State Medical Commissioners.

Dr. Holt: I do not think we have any right to expect any change in the office during the term of Governor Claflin. He will adhere to his policy when so near the end of his term. I think the proper course is to aim at the removal of the office itself. Although we did not get General Butler elected, I think there will be a tendency in the new administration to cut down these offices, especially at this time. I think this matter will be made right, and the office abolished. When Governor Washburn comes into office, we can go to the State-house and say that we think the office unnecessary and expensive, and that it should be abolished. This will have influence with him, and the matter will be attended to this winter. I am in favor of this resolution.

Dr. Woodbury thought we should aim at the abolition of the office, and not at the removal of the Surgeon-General, merely. There was danger that we should misunderstand what we really needed to make ourselves secure.

The motion was carried.

#### SURGERY.

The only paper presented by the Committee on Surgery, was on a successful operation in ovariectomy, by G. M. Pease, M.D. The operation was performed 17th August, upon a woman of sixty-three, of nervous temperament and spare habit. The tumor weighed fifteen pounds. It was multilocular, all the cysts being in immediate connection with the ovary. The pedicle was about three inches in length, by two and one-half in breadth, and was secured by stitching the ligature backward and forward, each stitch being tied. The patient made an excellent recovery.



## DELINQUENTS.

That portion of the report of the Executive Committee, relating to certain delinquents, was taken up.

Wm. H. Lewis, M.D., was unanimously expelled from the Society for gross and notorious immorality. The name of Alvah Harvey, M.D., was dropped from the list of members.

## SMALL-POX IN LOWELL.

The epidemics of the present year being brought up for discussion :

Dr. Holt said, that there had been an epidemic of small-pox in Lowell which had continued since January last, about nine months. If it was asked why it was allowed to continue so long, and who was to blame, he would say everybody in general and nobody in particular. Solon said that he had given to the Athenians, not the best laws possible, but the best which they could receive and obey. Lowell is in some respects no better than Athens, and we have neglected the requisites for the best health of the people in this matter. Isolation of the sick, and effectual, thorough, and universal vaccination are the only means for modifying, abating, and preventing small-pox.

The vaccine pustule should pass through all the stages, and resemble the real small-pox pustule. By virtue of this *similarity* it is, that it modifies or prevents the disease. Vaccination is often done in an imperfect manner, so as not to influence the disease.

In January last, it broke out in a portion of the city thickly populated by foreigners ; and it was mostly, though not entirely, confined to that class. The city government and board of health were not at first efficient, but latterly had been quite so, adopting a thorough system of vaccination, and effecting a complete isolation of all who were attacked by the disease.

The number of cases of small-pox and varioloid have been about 510, nearly 150 proving fatal. The deaths were mostly among children of Irish parentage, where circumstances were unfavorable for recovery. In regard to the treatment of the disease, he would say very little, having seen but few cases, and those were sent to the hospital in the early stage of the disease. One allopath stated, in a casual manner, that he relied on *Aconite* in the early stage ; that it relieved the febrile condition, and rendered the second stage less severe.

In the first of the epidemic the death-rate was large ; later, the disease had assumed a milder type. It was now apparently subsiding, and probably it would soon be passed.

Dr. Gregg : Has Dr. Holt ever known cases of varioloid after a good vaccine pustule had been produced and was still on the person ?

Dr. Holt : A neighboring practitioner had been attending just such a case. Still, a pustule, properly matured, is a most excellent protection. I do not think that a person is liable to varioloid if he cannot take vaccination.

Dr. Gregg did not think a pustule effectual unless considerable soreness was produced. He mentioned several cases in which a recent vaccination had not saved the patient from the disease.

Adjourned.



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CASE OF VESICAL CALCULUS AND HÆMATURIA.

BY G. H. HACKETT, M.D., FITCHBURG, MASS.

MR. Z., æt. 48, 5 feet 9½ inches high, weight, 195 pounds, is of lymphatic temperament, somewhat inclined to obesity; with light hair, gray or blue eyes, complexion very fair, disposition mild, inclined to be lively, good-natured, and jolly, but is constantly worrying, and if he feels unwell, desponding. He has enjoyed very good health till within a few years.

About four years ago he began to have attacks of what he then supposed was bilious colic. These attacks were very severe, and were followed by a feeling of great prostration, with profuse urination, and pain and uneasiness in the bladder and along the urethra. These attacks continued without any apparent change for about a year, when, while urinating, he thought he felt a solid substance passing along the urethra. By using considerable care he secured the body, which proved to be a calculus, grayish, or of a granite color, about the size of a pea, and very hard. Three of these were passed in the course of six months.

Since passing the third he has been entirely free from these attacks of severe pain. Soon after passing this, however, he noticed that his urine was changed, and looked as if tinged with blood. This condition continued till his urine was frequently

red with blood. This had not lasted many months before he began to void clots of coagulated blood, and this has continued to a greater or less extent to the present time.

These attacks come on without any warning, except sometimes he has a sense of weariness, with perhaps some slight pain in the back of the neck and head. They continue from a few hours to one, or even two days. Sometimes he will have a feeling of weight and enlargement of the left testicle, with evident varicose condition, but no pain in it. The desire to urinate will be frequent, and often ineffectual till he lies down on his left side for an hour or more, when he will void large quantities of liquid and coagulated blood.

These coagula are often very large, retain perfectly their outline and consistency for a long time, and look like the coagulum of blood drawn from the arm, — except the color, which is several shades darker. He says he often passes more of these clots in twenty-four hours than he can hold in both hands. I have known of his voiding in three hours more than would fill a common tumbler. I measured the largest one he ever passed and found its dimensions as follows: three and a half inches long, one and a quarter inches wide, and three-eighths of an inch thick, measuring through the centre.

Although these attacks are frequent, and the loss of blood considerable, yet he does not lose flesh or strength, though he often looks quite pale, and feels languid for a day or two after a severe attack.

What seems to me to be quite singular in regard to this case, is the fact that he never suffers any pain either in the urethra, bladder, or region of the kidneys; and cannot, by any uncomfortable feelings experienced, aid in locating the difficulty, except to say that he is sure the whole difficulty is on the left side.

About a month since, he passed a small calculus, which was nearly round when voided, but has since crumbled somewhat, though it has been kept with great care. Although the passage of the three calculi three or four years ago was attended

with the severest pain, the formation and voiding of the last was entirely painless.

I have been treating this case since June, and find the attacks are not so frequent nor severe, and the patient has since then gained eight pounds in weight and says he feels much better.

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EXAMINATION OF THE CALCULI BY DAVID HUNT, JR., M.D., WORCESTER, MASS. — Dr. Hackett sent me two specimens of the calculi passed by this patient, and upon examination I find that they are composed of a substance soluble in nitric acid; upon the application of heat and nitric acid they effervesce and dissolve slowly. Under the blow-pipe they at first become black and afterwards pure white; in the black condition nitric acid has little effect upon them, but it dissolves the white portion very rapidly with effervescence. There is no response to the muriatic acid test for uric acid; they do not fuse under the blow-pipe as phosphate of lime does; there is no evidence of organic constituents. Unfortunately the specimens were lost before I had made a microscopic examination. Probably they were oxalate of lime.

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## A CASE OF POLYPUS OF THE UTERUS.

BY GEORGE BAYNE, M.D., THOMASTON, ME.

MRS. H., aged thirty-one, mother of three children, the youngest six years of age, had been ailing from the time of her last confinement. Her trouble had been traced to the uterus, and had been variously diagnosed as ulceration, engorgement, inflammation, etc. She had been attended by three allopaths without success. I was called from Maine to Vermont to see this case for no other apparent reason than in expectation of a radically different treatment. The patient was in an extremely emaciated state, with the usual hysterical symptoms very strongly marked. The catamenia had been gradually decreasing for some time, and for ten weeks previously had wholly ceased. There was an inveterate constipation, a tumefaction of the liver and spleen, and a badly-disordered digestion. The



nervous irritability was such as utterly precluded natural rest; a local examination revealed an obstruction of some kind, an unnatural dilatation of the neck of the uterus, and some distention of the abdomen. The idea of pregnancy could not, however, be sustained; it was, in fact, scouted by her husband.

The first indication was evidently to relieve the nervous symptoms, and increase the general strength. A teaspoonful of a decoction of *Chamomilla* in four times its bulk of milk, was given night and morning, persistently, for two weeks. The whole body was swathed in a sheet wrung out of warm water, and afterward rolled up in blankets, for one hour, morning and afternoon; followed in each case by a general sponge bath with water at 70°, and active friction of the surface. Tepid water emulsions relieved the bowels; a varied and nutritious diet with a daily ride completed the preparatory treatment.

At the end of fourteen days, there were indications of returning catamenia, which were assisted by *Bell.*<sup>200</sup>. Two days subsequently, an unnatural flowing set in, and polypoid clots or patches appeared. These were very soft and easily lacerated, but hung together sufficiently to bear handling, and to pass without breaking. At the end of seven days a tumor about the size and weight of a large goose-egg, broke away. This was dense and fleshy in its lower hemisphere, and of a light color, but soft and ragged around the point of adhesion. The polypoid clots had evidently been detached from the upper surface of the tumor, and had entirely surrounded it, filling the entire cavity of the uterus. With the extrusion of the tumor, the flowing subsided, and in a day or two ceased altogether.

The prostration incident to so great a loss of fluid was met beneficially by *China*,—in a little wine and water; the febrile symptoms and drawing pains, by *Acon.*<sup>200</sup> and *Bell.*<sup>200</sup>, in alternation, with warm fomentations applied to abdomen. The patient then recovered rapidly, and in two weeks was again able to ride out. The catamenia also appeared at the regular intervals.

## Surgical Department.

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WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

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### ULCERATION AND GANGRENE.

*A Clinical Lecture at the N. Y. Homœopathic Medical College.*

BY WM. TOD HELMUTH, M.D.

GENTLEMEN : Having presented to you several varieties of ulcer, and detailed the specific treatment of each, having spoken of the inflammatory process, and shown to you a well-marked case of gangrene, I propose to offer for your consideration a few remarks upon the terminations, or results of inflammation, ulceration, and gangrene.

Ulceration is, technically speaking, a solution of continuity of the soft parts, caused by the molecular death of the tissues and the gradual disintegration of the portions attacked by inflammation, which are carried off in the discharge from the ulcer. The process is not one of absorption. If it were, would there be any necessity or use for the discharge? And again; parts in which absorption is most active and which are themselves most liable to be absorbed are among those which frequently take on the process of ulceration.

Let us examine the process. We find three distinct stages :  
1. During the inflammation we have softening of the tissues.  
2. Following this we have gradual death, disintegration, and detachment of small particles of the surrounding textures which form the ulcer. 3. A mixture of these disintegrated and detached molecules with pus, with which they are removed from the body. The process may occur upon free surfaces, or in any of the closed cavities. Its most frequent seat — as you observe from the cases presented — is upon the skin, or free surface of a mucous membrane.

The progress varies very materially. If rapid, we have acute ulceration; if the process extends more slowly, the ulceration

becomes chronic, as you saw most extensively developed in the patient of Dr. Jernigen. If accompanied with varicose enlargement of the veins, — three cases of which have been presented to you, — we have the varicose sore; if the vitality of the part is entirely deficient, and the color blackish, with much fetor, we have the characteristics of the gangrenous sore; and if the ulcer discharges a specific pus, which tends to produce similar sores, we then have specific ulceration, as illustrated by syphilis, scrofula, and gonorrhœa. As the inflammatory process is necessary to the restoration of parts and healing of wounds, so is ulceration necessary, in many instances, to remove from the body the dead molecules resulting from inflammation.

Some portions of the body are more susceptible to ulceration than others, and any portion which has been the seat of congestion, is especially predisposed to inflammatory processes; hence, we have congestion as one of the predisposing causes of ulceration. As a rule, the lower the degree of vitality of a part, the more prone is it to ulceration; when, together with this lack of vitality, there be disease, or any abnormal action, the parts have not the power to react, and ulceration proceeds rapidly. Indeed, some portions of the body may exhibit such a lack of vitality, that ulceration may appear without previous inflammation, and from the slightest exciting cause. The dependent parts of the body are more subject to inflammation than others; as an example, the legs are more frequently attacked than the arms. Enfeebled constitutions, whether acquired or hereditary, especially in children, give rise to ulceration. Long privation in diet predisposes to ulceration, and if persons are fed upon bad, or innutritious food, or upon a single article of diet, they become subject to this molecular death. Thus, Magendie fed dogs for several months upon sugar; they all were attacked with ulceration of the cornea. Sugar has been proven by members of our school, and *Sacc. lac.* is said to have cured ulceration of the cornea. Many persons are disposed to ridicule this idea; but we know that cane-sugar has caused these effects, although we are in the habit of taking



it daily with our food and drink. What reason is there that sugar should not produce these symptoms, if salt, which is as common an article of diet, develops symptoms peculiar to itself? I have never tried *Sacc. lac.*; but I look to the principle involved. We are all aware that salt, *Natr. mur.*, *Silicea*, and other inert substances have, when properly prepared and triturated, peculiar spheres of action, as exhibited by the symptoms produced. I have cured intermittent fever with the 200th dilution of *Natr. mur.*, after the disease had resisted all other modes of treatment. I am neither professedly a high or a low dilutionist; but, as you may have observed at our clinics, some of our very best cures have been made with the higher potencies. I have used the higher attenuations of *Carbo vég.* and *animalis*, and have cured a patient of severe chills and fever when quinine had not produced the slightest benefit. The homœopathic law is correct: if we obtain the "key-note," our remedies will cure; and when they do not, it is because of our own ignorance in selecting the remedy. The law is true over the whole earth, from the equator to the poles; and if you can find the truly-indicated remedy, you will cure every *curable* case, — but only — recollect, gentlemen! the *curable* ones. The undertaker and the grave-digger have their offices to perform, — and if you expect to cure everybody, your own death on some fine day will prove conclusively the fallacy of your opinions.

Ulceration proceeds in different ways, and takes on different shapes. A hard tumor may begin to ulcerate, as will be shown by little pustules on its top, or little blisters; these break, and an ulcer is disclosed. Acute, as well as chronic, inflammation is often followed by ulceration. Gangrene is but a step in advance. Here, also, we have three stages: 1. The death of the part; 2. A period of arrest of the plastic deposit; 3. A period of separation and granulation.

If the ulcerative process extends, then the dead particles of the ulcer are still given off, molecule by molecule; but if we have a larger portion thrown off, it is called a "slough." "Sloughing" is one of the processes of inflammation, differing from ulceration only in this respect, that in ulceration we have

molecular death ; while in "sloughing," a *larger portion* of the tissue dies. When gangrene is about to commence, we have, first, redness of the part ; after this, it becomes of a bluish tinge, and, above this, a mottled appearance ; blisters appear on the part ; it becomes cold ; it has a foetid odor. The constitution becomes weaker, the vitality of the parts is less and less, and we have gangrene, which is death of the parts in masses. The dead part itself is called a "sphacelus," or "slough." If we take a portion of the gangrenous mass and press it between the fingers, we find that it crepitates, because of the gas generated and contained in its substance. We always have this in the tissues where gangrene has formed, and it is an important fact to remember in connection with medical jurisprudence, that wherever we have decomposition of the body, we have a lesser or greater accumulation of gas.

After a certain time, as this process of sloughing goes on, a "line of demarcation" forms, separating the healthy from the gangrenous part ; this is caused either by an arrest of the process itself, or because the healthy parts are able to withstand the action of the process. We have severe pain, and hectic fever accompanying gangrenous ulceration, and during the time that the line of demarcation between the dead and the living tissues is being formed. After the line of *demarcation*, the *line of separation* is formed ; by this the dead part is thrown off from the living. This line of separation is always *oblique*. The line of demarcation forms the surface-boundary of the "line of separation," which being oblique, leaves a stump, the reverse of that made by the surgeon in amputation. It either goes through the limb, or it "scoops out" the dead portion ; and when the slough comes away, it leaves beneath a healthy granulating surface.

It is strange that internal organs are not very liable to gangrene, the lung being more frequently attacked than any other. Among the causes of ulceration and gangrene, are injuries of all kinds, especially *crushed* wounds. Clean cuts are never liable to be followed by ulceration ; but such injuries as are occa-

sioned by railroad and steamboat accidents, congestions, and obstructions of circulation, give rise to the ulcerations. Sometimes gangrene is very rapid in its course, particularly the traumatic variety. A man's limb may be crushed to-day; to-morrow gangrene may set in; and on the third day he dies.

The question arises, — Ought we to wait, in cases of gangrene, for the "line of demarcation," before proceeding to operate? As a rule, if the gangrene is excited by acute inflammation, and the gangrene itself be acute, and the constitution good, wait until the "line of demarcation" has formed, and then perform your operation above that line. But it is quite different with a case of acute traumatic gangrene; to wait then, is to let your patient die! The sooner you operate the better. Traumatic gangrene comes on so rapidly, and proceeds so fast, that an early operation is best for the patient, and for your own reputation.

I have said that obstruction of the circulation is a frequent cause of gangrene. This obstruction may originate from a variety of conditions; as embolism, tumors pressing on the arteries, clot in the arteries, from fibrine, etc. Wait for the line of demarcation, but pay particular attention to the other symptoms. Heat and cold, especially if excessive, are prolific causes for mortification. How frequently do we see this result from a frost-bite.

There is still another form of gangrene called dry gangrene, or *gangræna senilis*, because it frequently occurs in old persons. It is generally occasioned by obstruction of the circulation; the parts become blue, cold, and shrivelled; a line of demarcation forms, and the dead part is cast off. In this variety, the skin is dry and black, resembling that of an Egyptian mummy; a finger so affected may be broken off, because of its dryness and brittleness. This form of gangrene has not the excessively foetid odor of soft, or wet gangrene, though it has an offensive smell.

We have another form of gangrene called *gangræna secalis cornuti*, or ergot-gangrene, quite prevalent in some portions of Germany. It is caused by eating spurred rye. This taken



into the system affects the circulation, and dry gangrene results; whole families and communities have been attacked by this dry form of gangrene in certain parts of Germany, England, and even, formerly, in the Bellevue almshouse.

Bright's disease of the kidney, excessive use of alcoholic drinks, exposure to cold, privation, fatigue, bad air, and unwholesome food, are also predisposing causes.

The following medicines are useful: *Hepar sulph.*, *Petroleum*, *Aconite*, *Graph.*, *Belladonna*, *Silicea*, and *Sulphur*. For the particular indications of each remedy you are referred to the chair of Materia Medica.

A few general remarks, however, in regard to them may be offered. First, *Aconite* is particularly indicated in the beginning of all inflammations, especially those arising from local congestion, in which cases it acts as a powerful antiphlogistic.

. . . When there is great tendency to vascular excitement, it is very useful, whether the inflammation be of external or internal parts. I usually put five drops of the tincture of the root in a glass of water, and give half a teaspoonful every half hour until the patient is better.

*Arnica* is especially indicated in the lower grades of inflammation and ulceration; when the process is caused by blows or strokes; the hands and feet are hot and the part shining; the person feels bruised over the whole body. You will frequently derive benefit from external applications. Take one tablespoonful of *Arnica* to four of water; heat the mixture until it is the same temperature of the part. Wet a flannel with this solution and apply it, and cover it with oiled silk. The latter is of the greatest advantage. When there is great inflammation and severe pain, steep arnica flowers in hot whiskey and apply this to the inflamed surface.

*Arsenicum* is indicated in inflammation when it is severe; when the part is sensitive; when it spreads on the surface; and when there is great foetor from the part. It is also useful in inflammation and ulceration occurring in a patient with a bad or impoverished constitution, low degree of vitality, blueness of the skin, and a tendency to gangrene. The patient is very restless,

with excessive thirst; he drinks frequently, taking but little of the fluid at a time.

*Belladonna* is particularly indicated in persons of a plethoric habit, with a tendency to congestion of either internal or external organs, with vertigo, glowing-red cheeks, tendency to active delirium, and excessive restlessness. What *Acon.* is to the inflammatory fever, *Bell.* is to the inflammation itself. If, after the inflammation or the fever has been subdued with *Acon.*, other symptoms pointing to local inflammation remain, *Bell.* is especially indicated, and more especially if there be severe pain in the nerves.

*Mercurius* may be indicated in the treatment of ulceration where you wish to hasten the suppurative process. The *Merc. sol. Hahn.* is generally the best preparation, and should be given in the *third* trituration, one powder of about three grains every three hours. I have known this remedy to hasten greatly the formation of pus, and rapidly reduce the inflammation and pain. It is particularly adapted to inflammation and ulceration of the glands, either of the neck, groin, or other parts.

*Bryonia* is an excellent remedy in inflammation, when there is violent drawing pains, and the parts are swollen, tense, and hot. It is adapted to patients of a bilious temperament, and particularly when the inflammation attacks the muscular tissues. The symptoms are worse at night, and the pain is aggravated by motion. *Bryonia* stands in the same relation to inflammation of muscular tissue as does *Rhus* to inflammation of the tendons, their sheaths, ligaments, and of fibrous tissue generally. The condition requiring *Acon.* and *Bell.* is of a sthenic character, and quite different from that indicating *Bry.*, — the latter being more of a typhoid nature, — the patient's vital powers becoming lower and lower, with a tendency to erysipelas. *Bry.* may be given in any dilution from the 30th to the 200th, every one, two, or three hours, in accordance with the demands of each case. If you desire a rapid action from this remedy, it is best to use the dilutions; they are more easily absorbed and taken into the circulation than the triturations.

*Gelseminum.* If there be active congestion accompanying

the inflammation, especially of the heart or lungs, this remedy is indicated. The inflammation is very active with a tendency to suppuration. Active inflammations are generally controlled by *Gels.*, while in passive inflammations it exerts little or no influence. It is also indicated when there is a tendency to complications of the liver, and when the patient is of a bilious temperament. It is generally used in the lower dilutions, as *Acon.* is. I prefer a few drops of the tincture in a half-glass of water, giving a teaspoonful every two hours, and as the patient improves lengthening the interval between doses.

*Graphites.* The relation that *Gels.* bears to acute inflammation is very similar to that which *Graph.* bears to the chronic. The latter drug is adapted to inflammation on the open surfaces, when the ulceration is chronic, with little discharge from the ulcer, dry skin, and the ulcerative process comes on slowly.

*Lycopodium.* What *Graph.* is to dry ulceration, *Lycop.* is to the moist inflammation of the skin, with foetid, offensive discharge.

*Camphora.* When the inflammation is local, and tends to assume a chronic form, with weak, soft pulse, shrivelling of the skin, and great prostration, *Camph.* is indicated.

*China* is adapted to inflammations of an asthenic type, — when the patient is debilitated from excessive loss of blood, pus, or serum, and where there is a tendency to the formation of moist gangrene.

*Carbo vegetabilis* is a remedy adapted to asthenic types of inflammation. When there is a tendency to ulceration of the parts, when the parts feel as if bruised; or ulceration sets in from the slightest causes because the vital powers are very low, and there is a tendency to gangrene.

*Hepar sulphur.* *Mercurius.* To hasten the process of suppuration, we have two remedies, *Hepar sulph.* and *Merc. sol.* *Hepar* should only be given when there is no chance of resolution.

For inflammation of the glands, we have the following remedies: *Bell.*, *Merc.*, *Phos.*, *Bry.*, *Carbo veg.*, *Hepar sulph.*, *Lycop.*, *Silicea*, and *Sulph.* For inflammation of the bones:



*Merc. sol.*, *Merc. prot.*, *Puls.*, *Staph.*, *Nitri acid.*, *Hepar sulph.*, and *Silicea*.

*Local Treatment.* — The first thing is to remove the cause, and in doing this, carefully cleanse the parts from dirt and all irritating substances. Now make the applications of water. I do not think the proper attention has been given to the local application of water. This subject deserves much more thought than has been bestowed upon it. If, in the first stages of inflammation, you envelop the parts with cloths wet in water, then cover these carefully with dry flannel, and over all put a piece of oiled silk, you will often succeed in curing or aborting the most violent attacks of inflammation. You must be careful, however, to have the dry cloth cover the wet one with accuracy. Change the cloths as often as the wet ones become hot and dry. In cases of children suffering from sore throat, the application of cold water in the manner described, covered with dry flannel and oiled silk, speedily relieves the pain and lessens the inflammation. This is also the case in whitlow or felon, and is far better than the old-fashioned irrigation. You will find many cases in which hot water acts better than the cold. If the inflammatory process has advanced so far that the capillaries of the parts are relaxed, use hot water, when they are not relaxed, then use cold water.

*Poultices.* — These are, no doubt, very useful in many cases of inflammation; but the indiscriminate use of such appliances, and permitting them to remain too long upon a part, leads often to very bad results. Indeed, some physicians in extensive practice do not use them at all. If, as the inflammation proceeds, there is little chance for resolution, and suppuration is inevitable, then the application of heat and moisture is indicated. When these are the only indications, I prefer the simple bread-and-milk poultice. Never apply the poultice directly to the surface, but always have a strip of thin linen between it and the integuments. It should be changed every three or four hours. There are certain varieties of inflammation, as in panaritium, where the pain is very severe, caused by a pressure of unyielding tissues upon the inflamed surfaces, — indeed,

there is no more violent suffering; in these cases we want the combined powers of heat and moisture, and I prefer a poultice prepared of two parts of ground flaxseed and one part of ground poppy-seed, thoroughly mixed together, moistened, and heated. If the patient is suffering from severe pain, we may add a teaspoonful of laudanum to this poultice, mix them thoroughly, and apply to the inflamed surface. You will find this preparation hastens suppuration, and produces a rapid formation of pus. The unyielding tissues are sometimes rendered soft, and thus the pressure causing the pain is partially removed.

Other substances have been used for poultices, but I prefer the simple bread-and-milk poultice, or, when there is great pain, the flaxseed and poppy. Never, under any circumstances, apply a poultice when there is a likelihood of resolution; but if the pain is severe and throbbing, if the redness becomes more marked, and there is chill and fever (rigors), the patient becomes restless and suffers great pain, then poultice. When suppuration has taken place, you must use the knife and open freely. Always select the point where fluctuation is the most evident. Continue the poultice until the pus becomes of an albuminous or serous nature, then remove it, and dress the parts with oil, or simple cerate. In inflammation, keep the parts quiet. Enjoin absolute rest, and elevate that portion of the body, if possible, to lessen the supply of blood. The remedies generally indicated in suppuration are: *Hepar sulph.*; *Merc.*; *Lachesis*; *Puls.*; *Sulph.*, and *Calendula*. When we find that the pus is sanious, or ichorous, use *Assafœtida*; *Arnica*; *Lachesis*; *Carbo veg.*; *Nitri acid.*; *China*; *Rhus*; *Causticum*; *Phosphorus*, and *Phosphori acid.* Cases of gangrene must be treated according to the symptoms of each individual case, and you will generally find one of the following remedies indicated: *Arsen.*; *China*; *Crotalus*; *Lachesis*; *Secale*; *Carbo veg.*; *Sabina*; *Sulphur*; *Hydrochloric acid*, and *Plumbum*.

*Calendula*. — This remedy stands at the head of all others in the treatment of suppuration and ulceration, because of its

wonderful properties to hasten the process of suppuration and cicatrization, and it is also an antiseptic. It was introduced into homœopathic practice by Dr. Thorer, of Germany, who used external applications of a decoction of *Calendula*, and first discovered that it possessed a specific influence over ulceration. I am acquainted with no single remedy which has the antiseptic powers of *Calendula*, combined with its specific influence upon suppuration and cicatrization. I have used this remedy in my practice for fifteen years; and the longer I use it the better I like it. I believe if it had been generally used in the army, many an arm and leg of our "brave boys in blue" would have been saved, — and many a life, too. I have given other preparations, as *Kreos.*, *Carbolic acid*, *Kali hyperman.* and their various compounds a fair trial, but I always fall back on this remedy, which, though not so powerful a disinfectant, has a much better action upon the disease in question. It probably displays its powers on lacerated wounds better than on incised wounds. It is especially indicated where there is profuse and extensive suppuration. My attention was first called to this drug by a remarkable case of Dr. Temple, of St. Louis, in which a negro woman was badly burned and badly treated. I would advise you all to try it before making use of other medicines. I think that the *Calendula* acts better alone than when mixed with *Carbol. ac.* I usually take one part of *Calen.* and four of water, wetting the cloths in this solution, and making direct application to the torn tissues.

With reference to skin-grafting in ulcers, I need say nothing here, as you have witnessed the process on several occasions, and understand the method.

Neither need I add anything upon the strapping of varicose sores, and the obliteration of the veins. These operations you have witnessed, and, in several instances, have seen the gratifying results.



## Surgical Editorial.

### CHARITY COVERETH A MULTITUDE OF SINS.

THE *Boston Medical and Surgical Journal* has become charitable! for charity covereth a multitude of sins. Its sweet-tempered and amicable editors spare the feelings of the homœopathist! They publish a case of gastrotomy, as reported by Dr. Gregg, to the Boston Academy of Homœopathic Medicine, and then, with a magnanimity of mind unequalled by any displayed since the first number of the *Journal* went to press, and with a tender solicitude for *our* feelings, quite touching to observe, they “spare the persons interested the criticisms which certain medical men have wickedly made.” A friend at our elbow says, we are mistaken in allowing that charity—which “vaunted not itself, is not puffed up, and doth not behave itself unseemly”—is the cause of this wonderful “sparing.” He remarks, that perhaps the kindness evinced toward us, is merely to cover the wickedness of a criticism which would perhaps demonstrate a lamentable ignorance of the literature of their own school; while another Professor, who has read many things concerning homœopathy in said *Journal*, positively declares that they fear an “injunction.”

It was this very same sheet that, March 17, 1870, slurred over another operation performed by our school; and in relating the case of removal of nearly five feet of human intestine, stated that “we are informed that the patient died four days after the operation;—whether the heart was, or was not flabby, or fatty, we have not heard.” The brains which dictated the innuendo, whatever might have been their pathological conditions, were at length brought to understand, that the patient, instead of dying four days after the operation, *had a baby* in four months, and is well to-day. We merely state this fact to indicate the spirit of rancor that *was* exhibited two years since; and, disregarding the suggestion of our friends, we believe in the total reformation of the editorial minds, and we humbly thank them for “sparing the persons,” of whom we are one, these pointed criticisms, which have been made by their naughty, naughty professional brothers. Now, for the benefit of our friends, we may simply remark, that the case was one of intestinal obstruction; and after careful consultation, it was decided to open the cavity of the abdomen, search for the stricture, and, if possible, give the patient the last and only chance for life. We most unhesitatingly believe,

that if these operations were undertaken more frequently, the mortality resulting therefrom would not be so great, especially if the seat of stricture be easily discovered; and that the prospect of saving a life, even with the establishment of an artificial anus, is enough to justify any surgeon in undertaking this serious procedure.

While we, for our part, do most sincerely thank the *Boston Medical and Surgical Journal* for its delicacy, — at which we are amazed, — we are thankful for its reformation, and pray that its charity may continue. But we must ask these wicked doctors who would have overwhelmed us with confusion, to remember that Dr. Gross has performed a similar operation on two occasions, one patient dying at the end of four hours, and the other in less than thirty-six; and that John Erichsen saw fit to attempt the procedure, making his incision in the mesian line.

Henry Hancock, speaking of his remarkable case, says, “The symptoms would lead us to the conclusion that an internal strangulation existed; but *what its precise nature was, whether intussusception, band or otherwise, or its exact situation*, could not be discovered.” And again he says, “Notwithstanding the fatal termination of these cases, I have ventured to bring them before the Society, in the hope that they may be of service in directing attention to the *propriety of interfering surgically* at a more early period, and of abstaining from the indiscriminate use of purgative medicine,” etc.

Let those wicked doctors, who would have torn us to atoms had it not been for the timely protest of the charitable *Journal*, read these remarks and recollect the case of Dr. Gregg, as brought before the Boston Academy.

Benjamin Phillips, surgeon to Westminster Hospital, after summing up all the arguments, *pro* and *con*, arrives at certain conclusions in numerical order. No. 6 is as follows: “That under ordinary treatment these cases are fatal in the proportion of seven to nine. 8. The operation is justifiable when four days have elapsed without evacuation of the bowels. If there is a doubt, the incision must be made in the mesian line.”

The celebrated Mr. Leal has also performed the operation for obstruction of the sigmoid flexure, and saved his patient, though death occurred soon after from other causes.

But there is no need of multiplying examples. Amussat, Parrott, Larrey, and many other surgeons of great reputation, have recommended and performed the operation; and should a superabundance of charity, or any other sudden transformation, either in morals, pol-

itics, or medical jurisprudence, ever produce an intestinal obstruction in any of these our friends, we shall no doubt—under the “sheltering arms” of the Boston organ (not THE big one), and safe from “the criticisms which certain medical men would wickedly” make—attempt a similar operation, actuated only by a desire to leave nothing undone that might draw the patient from the arms of death, which would inevitably close around him; urged on by the example and experience of the brightest names in surgery, and with a fear of nothing in the shape of medical men, or medical journalism. No, not even the *B. M. & S. J.*

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CONSERVATIVE SURGERY.—From no single cause has conservative surgery made such progress as from the discovery of anæsthesia. In the olden time it was the pride and effort of the surgeon to see how swiftly his knife could revolve around the limb. The time of operating was reduced as much as possible in order that the poor patient's sufferings might not be prolonged, and how *quickly* rather than how *well*, was, to some extent, the test of a surgeon's ability.

With the profound, unconscious sleep of ether, a great change has been wrought in surgery. All the pain of the operation being removed, there is no necessity for haste, and the surgeon takes his own time, —sufficient to do his work well. Thus it is that the more complex and difficult operations are undertaken, which often arrest disease before an entire limb or any important part requires excision. Especially is this the case in the removal of internal and deeply seated organs, and in operations upon diseased bones. With the power to hold organic disease in check by homœopathic remedies, and to remove diseased structures under anæsthesia, conservative surgery has already accomplished much and will undoubtedly gain still more.

T.



## The New England Medical Gazette.

BOSTON, FEBRUARY, 1872.

### MASSACHUSETTS MEDICAL SOCIETY.

HOMŒOPATHY ON TRIAL; SCENE II.—In our December number we recorded a most unexpected turn in the trial of the eight homœopathic members of the Massachusetts Medical Society, when, pledged to correct an informality in the presentation of charges and specifications, the Board of Trial adjourned from the twenty-first of November to the fifth of December.

Promptly at the hour fixed, ten A. M., the homœopathic members of the Society were present. The first party to be tried, and his counsel, were prepared to contest to the utmost the invasion of their rights. Promptly at the hour fixed, the chairman of the prosecuting committee presented himself; but most of the others, who seem to have had enough of the affair, absented themselves by resignation and otherwise. Promptly at the hour fixed, the august Board of Trial filed in from a side-room, but *with their overcoats on*, and hat in hand. The ominous silence was broken by the voice of the Secretary, who rose in his place and read as follows:—

Boston, Dec. 5, 1871.

Since the former meeting of this Board we have found that, although the *ex-parte* injunction issued by the court prevents us only from expelling or disfranchising the accused, the bill in equity upon which the injunction was issued calls in question the lawfulness of the entire proceedings of the Massachusetts Medical Society and of this Board, and claims for an injunction against any further proceedings whatever in the matter. The opportunity is thus given us of ascertaining our powers and rights and those of the Society before attempting to exercise them. We have, therefore, concluded that the best course to pursue will be to adjourn the meeting of the Board until the questions raised by the suit in the Supreme Court shall have been settled. This meeting is accordingly adjourned until April 4, A. D. 1872, at eleven o'clock A. M., at which time a further adjournment will probably take place, unless the suit in the Supreme Court shall in the meantime have been settled.

[Signed]

JEREMIAH SPOFFORD,  
AUGUSTUS TORREY,  
FREDERICK WINSOR,

GEORGE HAYWARD,  
FRANCIS C. GREEN,

*Commissioners of Trial.*

With the last word from the Secretary, the President said, "The Board is adjourned," and at the word, the august five arose in platoon and filed off towards the outer door. Dr. Bushnell's counsel desired

to be heard. Dr. West wished his case disposed of, as it was not affected by the injunction. Dr. Thayer thought the retreat was a most cowardly proceeding. But nothing could stay the flight of the judges, jurors, and prosecuting officers. The hall was left in the sole possession of the much-feared "culprits," who paused to examine the document which had been so rapidly read to them. From it we may judge that after six months of active preparation, after the twenty years which had intervened since the same purpose was considered and rejected, after having proved to the American Medical Association that they had no legal power in the matter, and after having attempted it, and utterly failed, this famous Board of Trial concluded to take this opportunity "of ascertaining our powers and rights, and those of the Society, *before attempting to exercise them!*" Noble board of wise judges! But, mark you, *when* they shall have ascertained their powers, then let all the nations of the earth tremble before them! unless, perchance, they should find out—what they themselves begin to suspect, and what is well known to every one else—that they have no powers whatever in the matter.

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EXPULSION OF HOMŒOPATHISTS BY THE MASS. MEDICAL SOCIETY.—The following is the Bill in Equity on which the injunction was granted in this famous trial.

COMMONWEALTH OF MASSACHUSETTS.  
SUPREME JUDICIAL COURT.

SUFFOLK, ss.

IN EQUITY.

Samuel Gregg and others *vs.* The Massachusetts Medical Society and Samuel A. Fisk, of Northampton, Luther Parks, of Boston, Richard L. Hodgdon, of Arlington, Thomas L. Gage, of Worcester, Asa Millet, of Bridgewater, and Bowman B. Breed, of Lynn, all in said Commonwealth, Physicians; and also, the members of the Board of Trial hereinafter described:—Jeremiah Spofford, of Groveland, Augustus Torrey, of Beverly, in the county of Essex; Francis C. Green, of East Hampton, in the county of Hampshire, George Hayward, of Boston, in the county of Suffolk; and Frederick Winsor, of Winchester, in the county of Middlesex: all in said Commonwealth, physicians.

*To the Honorable the Justices of the Supreme Judicial Court:*

Humbly show unto your Honors, Samuel Gregg, George Russell, Milton Fuller, David Thayer, Israel T. Talbot, Herman L. H. Hoffendahl, and William Bushnell, all of said Boston, physicians and surgeons.

That in the year seventeen hundred and eighty-one, the Massachusetts Medical Society, one of the above-named defendants, was incor-



porated by an act of the legislature of Massachusetts, passed November 1st, in that year, and was soon after duly organized pursuant to said act, and under said charter, and the acts passed in addition thereto; has ever since been and still is a body politic, and corporate, by said name of The Massachusetts Medical Society; that the special objects of the creation of said corporation are set forth in the preamble of its charter, and in the preamble to the provision therein for the examination of candidates for the practice of physic and surgery, which are respectively as follows: "As health is essentially necessary to the happiness of society, and as its preservation or recovery is closely connected with the knowledge of the animal economy and of the properties and effects of medicines, and as the benefit of medical institutions formed on liberal principles and encouraged by the patronage of law is universally acknowledged; and whereas, it is clearly of importance that a just discrimination should be made between such as are duly educated and properly qualified for the duties of their profession and those who may ignorantly and wickedly administer medicines, whereby the health and lives of many valuable individuals may be endangered, or perhaps lost to the community."

And your orators further show unto your Honors, that according to said act of incorporation and subsequent acts, and the by-laws passed in pursuance thereof, they each of them received letters testimonial in the form hereto annexed, marked Exhibit A, and subscribed to its then existing by-laws, and were duly admitted, and became fellows and members of said Society at the different times following, to wit: said Gregg, in 1831, said Russell, in 1825, said Fuller, in 1842, said Thayer, in 1845, said Talbot, in 1854, said Hoffendahl, in 1854, and said William Bushnell, in 1857, and thereupon became entitled to all the rights and privileges of such fellows and members, and have since paid all their dues and faithfully performed all their duties to said Society, and have been and still are entitled to said rights and privileges, including the right to the use of the libraries and museum of anatomy of said Society and of its publications, and to the benefits of its funds and property, the said society being the owner not only of said libraries and museum, but also of more than thirty thousand dollars funds, yielding a large annual income.

And your orators further show unto your Honors, that the plaintiffs have severally received through the post office from said Samuel A. Fisk, president of said society, a printed notice informing them of certain charges preferred against them as members of said society, by a committee of said society, and directing them to appear before a so-called board of trial on the twenty-first day of November, A.D., eighteen hundred and seventy-one, at eleven o'clock, A.M., of which said notice the following is a copy:—

NORTHAMPTON, MASS., Nov. 4, 1871.

To ....., M.D.

*Sir*, — Charges having been preferred against you by a Committee of the Massachusetts Medical Society of "conduct unbecoming and unworthy an honorable physician and member of this Society, *to wit*: by practising or professing to practise according to an exclusive



theory or dogma, and by belonging to a society whose purpose is at variance with the principles of, and tends to disorganize, the Massachusetts Medical Society."

You are hereby directed to appear before a board of trial at the Society's Rooms, No. 36 Temple place, *Perkins Building*, on Tuesday, November 21, 1871, at 11 o'clock, A. M., to answer to the same, in accordance with by-laws and instructions of the society.

SAMUEL A. FISK,

*President of the Massachusetts Medical Society.*

That the charges referred to in said notice, as having been prepared by said committee, are in the words and figures following: —

SAMUEL A. FISK, M.D.,

*President of the Massachusetts Medical Society.*

The undersigned, in performance of their duty as a committee of the Massachusetts Medical Society, represent that the following fellows of the society, viz.: — William Bushnell, M.D., 59 Webster st., Boston; Milton Fuller, M.D., 35 Essex st., Boston; Samuel Gregg, M.D., 35 Howard st., Boston; H. L. H. Hoffendahl, M.D., 25 Somerset st., Boston; Geo. Russell, M.D., 14 Lynde st., Boston; I. T. Talbot, M.D., 31 Mt. Vernon st., Boston; David Thayer, M.D., 58 Beach st., Boston; Benjamin West, M.D., Glide st. (Ward 16,) Boston, members of the Suffolk district, have violated and continue to violate the by-laws of the Massachusetts Medical Society, by "conduct unbecoming and unworthy an honorable physician and member of the society": to wit, by practising, or professing to practise, according to a certain exclusive theory or dogma (or certain exclusive theories or dogmas), and by belonging to a society whose purpose is at variance with the principles of, and tends to disorganize the Massachusetts Medical Society.

Therefore, the undersigned request that you will designate a board of trial, to hear and try the charges aforesaid, in accordance with the by-laws of the Massachusetts Medical Society.

LUTHER PARKS,                      B. B. BREED,  
THOMAS H. GAGE,                  ASA MILLET.  
RICHARD L. HODGDON,

That prior to the receiving of said notice by the plaintiffs, they each received through the post-office a printed circular, a copy of which is hereto annexed and marked Exhibit B, which your orators pray may be taken as part of this bill of complaint; that that portion of Article I of the by-laws of said society, referred to in said circular; is as follows; "No person shall hereafter be admitted a member of this society who professes to cure diseases by Spiritualism, Homœopathy, or Thomsonianism."

And your orators further show unto your Honors, that they have received no authoritative notification of the charges against them, other than the printed notice above set forth, dated November fourth, eighteen hundred and seventy-one, by which it appears, that the substantive charge, and the only one on which they are required to appear to answer

is, "conduct unbecoming and unworthy an honorable physician and member of this Society," and the specifications under this charge are:—

1st. "By practising or professing to practise, according to an exclusive theory or dogma;" and 2d. "By belonging to a society whose purpose is at variance with the principles of and tends to disorganize the Massachusetts Medical Society." That this accusation is too vague and undefined to enable your orators to meet it by proof; but your orators are informed and believe, and thereupon aver, that said charges are intended to apply only to the practice of the system of therapeutics known as homœopathy, and to membership in the Massachusetts Homœopathic Medical Society, incorporated by the legislature of Massachusetts by an act passed June third, eighteen hundred and fifty-six, a copy of which is hereto annexed, marked C.

And that the ground of the charge, that the purpose of said society is at variance with the principles of, and tends to disorganize the said Massachusetts Medical Society, is solely that said Massachusetts Homœopathic Medical Society is a society whose purpose is to encourage and develop the practice of medicine according to the principles known as homœopathy, and in that respect, and for that reason only, it is charged as aforesaid, that its purpose is at variance and tends to disorganize.

Your orators admit that they are members of said Homœopathic Medical Society, and that they have for a long time practised and are still practising medicine according to the principles of homœopathy, and from the knowledge acquired by the experiences of said practice, and otherwise, they are convinced and believe and aver that the practice of medicine according to the system of homœopathy is eminently effective in the cure of diseases, lessens human suffering and lengthens human life, and is in the highest degree beneficial to the people of said Commonwealth.

And further show that the favorable estimation by the people, of the benefit of the practice of homœopathy, appears in said act of incorporation of said "Massachusetts Homœopathic Medical Society," which not only sanctions said practice, giving privileges to the members of said society, but provides for its continuance and extension by the examination and admission of medical candidates.

And your orators aver that said Commonwealth of Massachusetts did also, by an act passed February 14, A.D. 1867, incorporate the New-England Homœopathic College, and authorize said college to confer degrees in medicine, and by an act passed May 19, A.D. 1855, did incorporate the Massachusetts Homœopathic Hospital, and by an act passed May 28, A.D. 1856, did incorporate the Homœopathic Medical Dispensary, institutions which have, as a college, a hospital and a dispensary the same purpose in respect to the theory and practice of medicine, which the said Massachusetts Homœopathic Medical Society has as above averred, to wit, the encouragement and development of the practice of medicine according to the principles known as homœopathy, and the prosecution of investigations respecting the same.

And further aver and maintain that practising according to said system of homœopathy is not "conduct unbecoming an honorable



physician and a member of the Massachusetts Medical Society," and that the purpose of said Homœopathic Medical Society is not at variance with the principles of, nor tends to disorganize said Massachusetts Medical Society, although it may be at variance with the theories of individual members thereof.

And your orators are informed and believe, and thereupon aver, that said clause of said by-law I, to wit: "No person shall hereafter be admitted a member of the Society who professes to cure disease by Spiritualism, Homœopathy, or Thomsonianism;" and the fifth of the charges in by-law VII, to wit:—

"5. For any conduct unworthy and unbecoming an honorable physician and member of this Society;" and said resolutions were made with the design of facilitating proceedings to expel members of the Society practising medicine according to said system of homœopathy, and were all made subsequent to the respective times when your orators severally signed the code of by-laws of said Massachusetts Medical Society, and were never assented to by either of them.

And your orators further submit that said resolutions are not binding interpretations of the by-laws against conduct unbecoming and unworthy an honorable physician and member of this society; and your orators are not bound by such interpretation.

And further submit unto your Honors, that said portions of said by-laws hereinbefore recited in respect to homœopathy, and said resolutions, are contrary to the spirit and intent of the charter of said Massachusetts Medical Society, and of said acts in addition thereto, and to the public policy therein indicated, and tend to suppress investigations, to arrest the progress of discovery in medical science, and to defeat the purposes of the legislature in the acts respecting said corporation, are unreasonable, unjust to the members of said Society and subversive of their rights and privileges, and are not within the scope of the authority conferred by law on said Society, and are therefore illegal and void; and that there is no legal or valid by-law of said Society which authorizes the expulsion of any member thereof practising according to homœopathy, or for being a member of a Homœopathic Medical Society, and as these plaintiffs have been and still are engaged in the practice of homœopathy, and are members of the Massachusetts Medical Society, their expulsion on these grounds would be a plain abuse of power.

And your orators further show unto your Honors, that said so-called board of trial has been or is to be organized under a pretended by-law of said society which reads as follows:—

"31. I. When charges of infraction of the by-laws shall be duly made against any fellow of the Society (VII, VIII, IX), the President shall thereupon select five of the commissioners on trial (XIII) who shall constitute a board of trial for the pending case. He shall appoint a time and place for the meeting of said board, and shall notify the commissioners appointed, also the complainants and the accused party of said time and place.

"2. The said board of trial shall be empowered and required to meet as above provided, and three members shall constitute a quorum. They shall proceed to organize themselves, and to hear and try the



charges aforesaid ; and if convinced that the charges have been substantiated by the complainants, they shall convict the accused, or, if otherwise, they shall acquit him ; and, in case of conviction, shall pass sentence, such as the laws of the society authorize, which sentence shall take effect from the date of its passage.

“3. If, after due notification, the accused party shall fail to appear at the time and place of trial without satisfactory excuse rendered at the time, he shall be considered as admitting the truth of the charges against him, and shall be liable to sentence accordingly.

“4. Upon showing to the councilors such cause as shall by them be deemed reasonable therefor, the accused shall be entitled to a revision of his trial by the councilors, who may, according to their judgment, confirm or reverse the previous decision ; and this shall be final.

“5. Legal counsel shall be inadmissible ; but members of the society may be heard as advocates on either side during the trial.” And that the commissioners on trials, mentioned in the first of the above sections, are annually elected according to by-law number thirteen of said society by the respective district societies throughout the Commonwealth, each district society choosing one.

And your orators further show, that the proceedings whereby the defendants now threaten to expel them from the Massachusetts Medical Society, and thus deprive them of their rights and privileges as members thereof, are entirely unwarranted by law, in this, that under the act of incorporation of said Massachusetts Medical Society, the power to expel fellows is conferred on the fellows, or general body of the Society alone, and that no statute or law of this Commonwealth has authorized the fellows to delegate this power to a board of trial or any other select body of the Society, and that said by-law, numbered thirty-one, respecting the appointment of a board of trial with powers to expel members, is without the scope of the powers of said Society, and is therefore illegal and void, and said board of trial have no right to act in the premises.

And your orators further show unto your Honors, that they have, since receiving said notices to appear for trial before said board, applied to said Samuel A. Fisk, President of said Massachusetts Medical Society, for the names of the members of said board of trial, and have received answer that the composition of the board was “as yet uncertain,” and the plaintiffs have not been informed or been able to ascertain the name of any of said members, and pray for leave to make them defendants hereto, when ascertained.

And your orators further show unto your Honors, that they are informed and believe, and thereupon aver, that it is the intention of the defendants by the proceedings initiated as aforesaid, to cause your orators to be expelled from said Massachusetts Medical Society, for the reasons only that they practice medicine according to the principles of homœopathy, and are members of said Massachusetts Homœopathic Medical Society, and submit unto your Honors, that such expulsion will not only be illegal, but if not restrained by the preventive action of this Court, will necessarily injure your orators' professional reputation and practice as physicians and surgeons, and deprive them of their rights and privileges as fellows and members of said Massa-

chusetts Medical Society, and their interest in said libraries, museum of anatomy, publications, funds and said income of said society, and thereby inflict upon them irreparable injury, for which neither a subsequent restoration by mandamus nor an action at law for damages, would afford certain and adequate relief.

To the end, therefore, that said Massachusetts Medical Society, its officers, committees and agents, and especially said Samuel A. Fisk, President of said society, and said committee; Luther Parks, Richard L. Hodgdon, Thomas L. Gage, Asa Millet, and B. B. Breed, whose names are appended to said circular marked Exhibit B, and said members of said board of trial, each and every of them, may be perpetually restrained and enjoined by injunction of this Honorable Court, from taking any further proceedings of your orators, or of any of them on the charges contained or referred to in the notice aforesaid, dated November 4th, A.D., 1871, signed by said Samuel A. Fisk, President of the said Massachusetts Medical Society, and from expelling or attempting to expel any of them from said Society for any of the causes in said notice mentioned or referred to, and that said Massachusetts Medical Society and said Fisk, Parks, Hodgdon, Gage, Millet and Breed, and each of the members of said board of trial (and who, your orators pray may be made parties hereto when ascertained), said Spofford, Torrey, Green, Hayward and Winsor, may answer all and singular the premises, but not under oath (the benefit of which is hereby waived), and that your orators may have such other and further relief in the premises as the nature and circumstances of this case may require, and to your Honors may seem meet.

May it please your Honors to grant unto your orators, not only a writ of injunction conformably to the prayer of this bill, but also a writ of subpœna. to be directed to said Massachusetts Medical Society and said Fisk, Parks, Hodgdon, Gage, Millet and Breed, and said Spofford, Torrey, Green, Hayward, and Winsor, commanding them at a certain time, and under a certain penalty therein to be limited, personally to be and appear before your Honors in this honorable court, then and there full, true, direct, and perfect answer make to all and singular the premises, but not under oath, and to stand to, abide and perform such order, direction and decree therein as to your Honors shall seem meet.

<i>Jurat.</i>	SAMUEL GREGG, GEORGE RUSSELL, MILTON FULLER, DAVID THAYER,	I. T. TALBOT, H. L. H. HOFFENDAHL, WM. BUSHNELL.
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BROOKS & BALL, *Solicitors for Plaintiffs.*

Filed November 21, 1871.

#### INJUNCTION.

*Suffolk, ss:* COMMONWEALTH OF MASSACHUSETTS.

To the Massachusetts Medical Society, a corporation

{ L. S. } established by the laws of said Commonwealth, and located  
in Boston, and Samuel A. Fisk of Northampton, Luther  
Parks of Boston, Richard L. Hodgdon of Arlington, Thomas



L. Gage of Worcester, Asa Millett of Bridgewater, and Bowman B. Breed of Lynn, physicians, and each and all the members of the Board of Trial mentioned in the bill of complaint hereinafter mentioned, and each and all of the officers and committees, agents, attorneys, and counsellors of said Massachusetts Medical Society.

## GREETING :

Whereas it has been represented unto us, in our Supreme Judicial Court, by Samuel Gregg, George Russell, Milton Fuller, David Thayer, Israel T. Talbot, Herman L. H. Hoffendahl, and William Bushnell, all of said Boston, physicians and surgeons, complainants, that they, said complainants, have exhibited a Bill of Complaint in our said court, against you, the said, the Massachusetts Medical Society and Samuel Fisk, Luther Parks, Richard L. Hodgdon, Thomas L. Gage, Asa Millett, and Bowman B. Breed, wherein said complainants, among other things, pray for a writ of injunction against you the said respondents :

We, therefore, in consideration of the premises, do strictly enjoin and command you, the said respondents, and all and every the persons before named, to desist and refrain from suspending, expelling, or disfranchising them, the said Gregg, Russell, Fuller, Thayer, Talbot, Hoffendahl, and Bushnell, or either of them, from said the Massachusetts Medical Society ; but this order is not to be taken as prohibiting or restricting any investigation, preliminary hearing or report by the defendants or any of them in relation to the charge brought against the plaintiffs or any of them, until the further order of our said court, or some justice thereof.

Witness Reuben A. Chapman, Esq., at Boston, the twenty-first day of November, in the year of our Lord one thousand eight hundred and seventy-one.

A true copy, Attest :

GEO. W. NICHOLS, *Assistant Clerk.*

JOHN B. DEARBORN, *Deputy Sheriff.*

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ANSWER OF RESPONDENTS.

The said respondents, without waiving any objections to the manifold defects and informalities of said bill, for answer thereto, or to so much thereof as they are advised is material for them to answer, say :

That they admit the said Massachusetts Medical Society was incorporated and organized as set forth in said bill, and that the preamble to the act incorporating said Society, and to the clause of said act providing for the examination of candidates for the practice of physic and surgery, contained the language quoted in the bill.

They further admit that the complainants became and are fellows of said Society, but do not know, and leave the complainants to prove, the times of their several admissions to said society, and they admit that the complainants have paid their dues to the said Society.

And the respondents further admit that a notice was sent to each of the complainants by Samuel Fisk, President of the Massachusetts Medical Society, as alleged in the bill, except that said notices were not as alleged in said bill, addressed to ..... ; but were



addressed to the complainants severally by name; and that they also received as alleged, the printed circular, of which a copy is annexed to the bill, marked B.

And the respondents further say that the charter of the Massachusetts Medical Society provides that the fellows of said Society shall have power to suspend, expel, or disfranchise any fellows of said Society and further provides that the fellows of said Society shall have full power and authority to make and enact such rules and by-laws for the better government of said Society as are not repugnant to the laws of the Commonwealth; and that among the by-laws passed by the said Society in conformity with their charter, the first provides, among other things, that no person shall hereafter be admitted a member of this Society who professes to cure diseases by Spiritualism, Homœopathy, or Thompsonianism; the seventh provides that any fellow may be punished by censure or expulsion; or, having resigned his fellowship, may be deprived of his privilege in the manner hereinafter specified, upon charges of the following description made to the President of the society in writing, and signed by three or more fellows, viz.:—

1. For any gross and notorious immorality, and for any crime for which he may have been convicted.
2. For any attempt to disorganize or destroy the Society.
3. For the breach of any by-law of the Society for which censure, expulsion, or deprivation of privilege is made the penalty.
4. For furnishing to any person, or presenting in his own behalf, a false certificate of character or studies as a student of medicine, tending to deceive the public or the censors of the Society.
5. For any conduct unbecoming and unworthy an honorable physician and member of this Society.

And the respondents further say, that the so-called “system of therapeutics,” called Homœopathy, and sometimes called “Specific Medicine,” is based on the exclusive theory, or dogma, that all diseases can be cured, and can only be cured, by medicines which will produce in a healthy person symptoms similar to those of the disease; or, in the language of the founder of the system, Samuel Hahnemann, “the best and true method of cure is founded on the principle, — *similia similibus curantur*. To cure in a mild, prompt, safe, and durable manner, it is necessary to choose in each case a medicine that will excite an affection similar [*ὁμοιον παθος*] to that against which it is employed”; and again: “Homœopathy is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice, which, like the doctrine on which it is based, if rightly apprehended, will be found to be so exclusive (and in that way only serviceable), that as the doctrine is pure, so must the practice be also, and all backward straying to the pernicious routine of the old school, (whose opposite it is as day to night) is totally impossible,” etc.

And these respondents further say that the founder and principal authors of the said homœopathic system have always insisted upon its universal and exclusive application to all diseases (which do not belong exclusively to surgery), and have endeavored to fix upon those

physicians who do not believe in or practice on their said exclusive dogma the opprobrious name of allopathists.

And these respondents further say that in connection with the said exclusive theory, or dogma, as to the relation of medicine to the cause of disease, the said homœopathic school of medicine practise or profess to practise upon what the said Hahnemann calls the "incontrovertible axiom," that "the dose of the homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease, which it can, at least partially, extinguish and cure, provided it be capable of producing only a small increase of symptoms immediately after it is administered," from which he deduces the rule, that "the doses of all homœopathic medicines, without exception, are to be attenuated to such a degree, that after being introduced into the body, they shall merely produce an almost insensible aggravation of the disease." And as examples, among others, of the degree to which such attenuation may be carried, he says, that the disease known as "foul stomach," may be cured in the space of two hours by simply smelling of a grain of sugar as large as a mustard-seed impregnated with the thirtieth dilution of pulsatilla; that a globule of sugar impregnated with the juice of aconite of the decillionth degree of dilution (a decillionth is a fraction whose denominator is one followed by thirty-three zeros) will cure the most violent pleuritic fever, and that one or two small doses of a solution of mercury diluted to the decillionth potency will cure "the most firmly-rooted syphilis."

And these respondents further say, that they believe and therefore aver, that said exclusive theory, or dogma, is wholly false, and that those who profess to practice under the same, whether really believing in its truth or not, do in fact assist in spreading a popular delusion, and are thereby guilty of conduct unbecoming an honorable physician and member of the Massachusetts Medical Society.

And they further say, that the said dogma, whether true or false, is in the present state of knowledge wholly incapable of proof, and that therefore to maintain it as the basis of an exclusive system of therapeutics, and to exclude all methods of treatment, however efficacious, not founded upon it, is contrary to the principles of medical science, to all sound principles and methods of scientific investigation, and to public policy, which requires that the properly educated physician be allowed to use any methods of cure which experience has shown, or his trained judgment leads him to believe to be beneficial in the particular case.

And these respondents further say, that the Massachusetts Homœopathic Medical Society, incorporated under the laws of this commonwealth, is a society formed for the purpose of aiding in spreading among physicians, students of medicine, and the public, a belief in the said exclusive theory, or dogma, known as homœopathy, or specific medicines; that no one but those who acknowledge the truth of and pass an examination in the practice under said system, is admissible to said society; and that in fact, its members are all persons who profess to practise medicine according to said system; that the purpose and the tendency of said Massachusetts Homœopathic Med-



ical Society is to weaken the influence of the respondent Society ; and that the establishing and joining such a society, formed for the purpose of strengthening a system and propagating a belief which is avowedly exclusive, and inconsistent with the methods and belief of all the individual members of the respondent Society, except the complainants and such other members, if any there be, as accept the said exclusive dogma, and with the methods, practices, and beliefs maintained by said respondent society as a body, may well and reasonably be deemed by said respondent Society to be attempts to disorganize or destroy the said respondent Society ; and if the said respondent Society should for that cause expel or censure the petitioners, or any of them, upon due notice and hearing, and proof that they practise, or profess to practise said exclusive system and belong to said society, such expulsion or censure would give no cause for the interference of this Court.

And these respondents further say, that the term homœopathy has a perfectly well known and understood meaning among physicians and the public, and that it is well known to mean and to imply the exclusive theory, or dogma, as to the methods of cure by medicine above set forth ; that a system which professes to cure by a simple and easily understood method, applicable to all cases, and by inappreciable doses of medicine, has many attractions for the uninstructed public, and the name of homœopathist carries with it the belief that the physician bearing it cures or undertakes to cure disorders by means of this simple and attractive method ; and if a physician, while assuming this name and getting the benefit of the popularity attaching to it, does in fact use other and inconsistent methods of cure, and does not in fact confine himself to the practice of homœopathy, he is guilty of misleading the public and pretending to do what in fact he does not do, and therein of conduct unbecoming an honorable physician and member of the respondent Society. And these respondents believe, and therefore aver, that the complainants do habitually, while holding themselves out as practising homœopathy, in fact avail themselves of other and more efficacious methods of cure, and so are guilty as aforesaid ; and they claim that this question ought to be tried in the tribunal of the respondent Society without interference by this Court.

And these respondents further say, the charges filed with the President of the Society by the committee appointed for that purpose under the resolve of the Society, passed June 7, 1871, were sufficiently precise and clear to enable the complainants to understand that they were charged with attempting to disorganize the respondent Society by their connection with the said Massachusetts Homœopathic Medical Society, and with conduct unbecoming an honorable physician and member of the respondent Society, by practising, or professing to practise according to the exclusive dogma known as homœopathy ; that the complainants had ample notice of said charges, and well knew, as appears by their bill of complaint, what it was they were called upon to answer to, and that technical precision and accuracy are not necessary in a proceeding of this nature, provided actual and reasonable notice and opportunity to be heard are given. And the respondents annex a copy of said charges to their answer, marked X.



And these respondents further aver that the complainants, by becoming members of the respondent Society, became subject to and bound by not only the by-laws then in force, but by all other reasonable and lawful by-laws which might thereafter be adopted by the Society, and that it is therefore immaterial, if it be true, that said by-laws, or any of them, were passed after the admission of the said complainants, or any of them; but these respondents believe and therefore aver, that it is not true as to all of the complainants, and they call upon them to prove it, if it is material.

And these respondents deny, that the said by-laws or any of them, are contrary to the spirit and intent of the charter of the respondent Society, and of the acts in addition thereto, or to the public policy therein indicated, or that they tend to suppress investigation, or to arrest the progress of discovery in medical science, or to defeat the purpose of the legislature in the acts respecting said corporations, or are unreasonable or unjust to the members of said Society, or subversive of their rights and privileges, or that they are beyond the scope of the authority conferred by law on said Society, or are illegal, or void. On the contrary, they affirm that said by-laws are still reasonable and valid, and that if under them the petitioners should, upon a proper trial, with notice and a hearing, be convicted of the charges made against them as aforesaid, and should thereupon be censured or expelled, they would have no legal or just ground of complaint, and no right to invoke the interference of the Court.

And these respondents further say that the purpose and policy of the respondent Society is to advance the progress of medical science and the art of healing, to maintain a high standard of professional skill, honor, and morality; and for these purposes it welcomes and favors all attempts to add to medical knowledge, adopts no exclusive dogma, theory or system, and discountenances all such pretensions to cure diseases upon any such exclusive theory or system, as attempts, whether innocently or designedly made, to mislead the ignorant and the unthinking, and to injure the honest physician who makes no pretence to a special system of cure, but treats each case in such a manner as experience and judgment indicate as the most fit. And it is in pursuance of this policy, that the said by-laws and the said resolutions were passed and the proceedings complained of were instituted; and they respectfully submit that the question between these respondents and these complainants is one wholly within the lawful jurisdiction of the respondent Society, and ought to be left to its determination without interference by this Court.

And the respondents further say, that the said by-law numbered thirty-one (31) of the respondent Society, is a perfectly lawful and reasonable method of carrying into effect the power given to the respondent Society by its charter, to expel or censure its members; and that even if said by-laws should be held to be void, in so far as it permits the said board of trial to pass final sentence upon the complainants, it is valid in so far as it provides for hearing and trial; and that it would be perfectly competent for the respondent Society to expel any member who might be found guilty of an offence punishable with ex-

pulsion by a board organized under said thirty-first by-law; and that the prayer of the bill in so far as it seeks to enjoin the action of the said Society, or the action of said board of trial, except upon the matter of expulsion, ought in any view of the case to be refused.

And these respondents further say, that the president of the respondent Society did, in accordance with the said thirty-first by-law, appoint as a board of trial to try the said charges, the following named members of the respondent Society, viz.: Jeremiah Spofford, M.D., Augustus Torrey, M.D., George Hayward, M.D., Francis C. Green, M.D., Frederic Winsor, M.D.

And these respondents further answering, deny each and every allegation in said bill of complaint not herein before expressly denied, or admitted to be true, and they furthermore demur to said bill, and for causes of demurrer show,—

1st. That the said complainants show by their bill no such common right or interest as entitles them to unite in a single bill of complaint.

2d. That the complainants do not by their bill make out any case which entitles them to any relief in a court of equity.

3d. That the complainants do not by their bill show that the proceedings against them, alleged to have been begun in the respondent Society, are unjust or unlawful, or beyond the power of said respondents, nor any good ground for the interference of this Court in said proceedings; and that the bill asks the judgment of this Court upon matters and questions which are wholly within the cognizance and jurisdiction of the Massachusetts Medical Society.

And the said Samuel A. Fisk, Luther Parks, Thomas L. Gage, Richard L. Hodgdon, Asa Millet and B. B. Breed, for a further cause of demurrer, severally assign that the said bill sets forth no ground for relief against them, inasmuch as it sets forth no proposed action of them, or any of them, that can in any manner affect the alleged rights of the complainants, or any of them.

GEO. PUTNAM, JR.,

*For all the respondents named in the bill,  
and for the said Board of Trial.*

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SUPREME JUDICIAL COURT,

September Term, 1871.

Heard and reserved upon the amended bill, and the demurrer contained in the answer of the defendants, for the determination of the whole Court.

R. A. CHAPMAN, C. J. S. J. C.

Copy.

Attest,

GEO. W. NICHOLS, Assistant Clerk.

THE  
New England Medical Gazette.

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BOSTON, MARCH, 1872.

[Vol. VII.

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PRACTICAL MEDICINE.

BY A. H. OKIE, M.D., PROVIDENCE, R. I.

[The following chapters are taken from a forthcoming work by the author, which, from the peculiar and novel suggestions it contains, will be very acceptable to many in the profession. — *Ed. Gazette.*]

SPRAIN, STRAIN.

SPRAINS usually occur at the ankle or wrist joint; it is a straining of the fibres of the ligaments around a joint, and, in bad cases, rupture of the ligaments. By the prompt use of the following simple remedies, the bad effects of sprain — which frequently lasts for weeks and even months — may, in a majority of cases, be prevented, and usually a quick cure is effected.

The sprained part should be, as soon as possible after the injury, plunged into *hot* water at a temperature as high as the patient can tolerate it. Keep the part immersed in the hot water for five minutes; then withdraw it and immediately plunge it for one minute into *cold* water, as cold as the patient can bear it. Continue these applications of alternate hot and cold water every five minutes from one to two hours. Afterwards keep the ankle or wrist joint firmly swathed, but not too tight. If pain or swelling recur, renew the application of hot and cold water as before.



Take internally five drops of the *Rhus toxicodendron*, in a table-spoonful of water, four times a day for the first twenty-four hours, and afterwards, till the swelling and pain is relieved, three times a day.

If, despite the above treatment, the sprain is not cured in ten days, or if, though much relieved by the treatment, there still remains considerable weakness, or sensitiveness in attempting to use the joint, then get from a druggist, in a vial with a glass stopper, half an ounce of strong sulphuric acid. Mix this in a quart of *boiled water* which should become cool before mixing. Moisten a cotton or linen cloth with this mixture and keep it applied to the part, covered with a piece of oiled silk.

Take at the same time *Sulphuris acid.*<sup>2</sup>, four drops in a table spoonful of water, three times a day. If after the above application the skin over the joint becomes somewhat irritated, or — as sometimes happens — an eruption of small pimples occurs, omit the external application till the skin is healed; and then, if the sprain is not cured, renew the application, diluting it now with as much again water.

If the chronic results of sprains — weakness, and stiffness of the joints — remain, the application of the sulphuric acid, internally and externally, is the most prompt and potent mode of cure that is known to the writer. He has used it with success in a number of cases, for many years past.

Be careful in applying the acid not to let it get upon the clothing or carpets, as it would prove destructive to the color and fabric.

### QUINSY, SORE THROAT.

QUINSY is a more distressing and painful malady than that just described [pharyngitis]; it is a deep-seated inflammation of the tonsils. In the simple sore-throat the inflammation is confined to the mucous membrane; here it extends deeper and affects the cellular tissue and the mucous follicles of which the tonsil is largely composed.

The patient is chilly, hot, feverish, has bruised-like pains

through the muscles of the limbs, heavy swollen feeling in throat, with pain on swallowing. The pains in the throat increase; they are shooting, piercing, often extending to the ears; the voice is now thick from swelling of the throat; the patient spits tough, viscid saliva; empty swallowing, or attempts to swallow the saliva cause much suffering; solid food cannot be swallowed, and liquids are often expelled through the nostrils, or swallowed with great difficulty.

As the disease progresses the voice is almost completely suppressed, the swelling of the tonsils increases, and with it the sufferings of the patient, until there is a sudden discharge of fluid matter, or blood-streaked matter, and the patient feels an almost complete relief. Sometimes, however, a new attack occurs, either from the disease affecting the other tonsil, or from a renewal of the complaint in the same tonsil, and the formation of a new abscess. When repeated suppurations occur during an attack, the discharge of matter at each time is usually not very great, the disease here affecting the mucous follicles of the tonsil, and each attack being a renewed follicular inflammation, which may be repeated several times.

Quinsy is thus seen to differ from simple sore throat in this: that the former is a *deep-seated inflammation*, terminating in the formation of matter; the latter is an inflammation of the surface of the mucous membrane lining the throat.

Individuals who have been once affected with quinsy are very liable to repeated attacks, and in many families it seems to be hereditary, and to assume the character of a family complaint. When the first symptoms of this disease appear, it is well to commence the treatment with *Belladonna*<sup>2</sup>, four drops every two hours in a teaspoonful of water. *Belladonna* rarely arrests a true quinsy, but in some cases it serves to mitigate the severity of the symptoms. After giving four to six doses of the *Belladonna*, give *Guaiacum*<sup>2</sup>; twenty drops should be mixed in half a tumbler of water and a teaspoonful taken every two hours; and this remedy should be thus taken for twenty-four hours; at the expiration of this time, if the patient seems more comfortable, omit the *Guaiacum* from six to twelve hours; then, if there

be an aggravation of symptoms, resume it as before. At the same time, while using the dilution of *Guaiacum* internally, let the patient get at any homœopathic drug store an ounce of the tincture of *Guaiacum*. Mix thirty drops of this tincture with a tumblerful of warm water, and use as a gargle every four hours.

This treatment frequently prevents the quinsy from 'breaking,' as it is popularly termed; in other words, it arrests the inflammation and thus prevents suppuration. If, however, the disease increases in severity, the swelling becomes more intense, the swallowing more painful and difficult, and the voice more suppressed, notwithstanding the above treatment continued faithfully several days, then give *Baryta carb.*<sup>3</sup>; put a portion of the size of a pea, dry, upon the tongue every two hours.

If suppuration has set in and the discharge continues for some time, with soreness of throat, give *Hepar sulph.*<sup>3</sup>, a portion size of a pea every six hours till three or four doses are taken.

The use of ice and the cold water bandage, as directed under diphtheria, are frequently of service in allaying the pain at the beginning of a quinsy. It sometimes happens in severe cases that the patient cannot gargle the throat, from the pain which the effort produces. In such cases, half fill a small earthen or china teapot with boiling water, drop into this some sixty drops of the tincture of *Guaiacum*, and steam the throat every three or four hours.

To prevent quinsy, bathe the throat and upper part of chest with cold water, or cold salt water every morning; avoid draughts; do not keep the throat too much covered with clothing. Men should let the beard grow over the throat. As soon as you feel any soreness of throat, take at once four drops of *Guaiacum*<sup>2</sup> in a teaspoonful of water, and repeat it at four-hour intervals, for a few times, or until the soreness disappears. You may also here make use of the gargle of the *Guaiacum* and water, as above directed, to render an attack of quinsy abortive.



## CHLORAL IN ODONTALGIA TRAUMATICA.

BY E. M. HALE, M.D., CHICAGO.

THERE is a very painful and obstinate variety of toothache, which may be designated as *traumatic*, because it is caused by the filling being forced too tight into the cavity by the dentist. I have often been requested to prescribe something for the relief of the suffering, which is, in some cases, very agonizing.

The symptoms are a hard, continuous pressure, as if the tooth was pressed asunder; there are, also, paroxysms of severe throbbing pain, and, as the tooth is generally sensitive to the touch, this throbbing is as if the sensitive cavity was being pounded upon.

The pain is much worse when lying down, — so much so that the patient has to sit up all night, and sleep is almost impossible.

This pain sometimes wears away in a week, or more, and dentists generally urge their patients to bear it by the assistance of anodynes — or patience! But generally the filling has to be removed, and the nerve “treated,” after which another filling is more carefully placed.

I have never found a satisfactory remedy, and, believing it nearly useless to prescribe, have never promised relief. *Belladonna* ought to relieve, if we select from symptoms; *Arnica*, if we select from the cause; but they do not.

I have, however, promptly cured two cases, by giving in one case, five grains, in another, ten grains of chloral at bedtime. The patients both went to sleep in half an hour, and awoke free from pain, and it did not return. I look upon it as a specific remedy. There was no *wearing off*, as when let alone, but a sudden disappearance of the suffering.

## POISONING BY VERMILION IN DENTAL PLATES.

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*Communicated for the Gazette.*

E. C., a homœopathic physician, æt. 68, of sanguine temperament, accustomed to take much active exercise, thinks he

finds in his personal experience some most important lessons which he records for the benefit of his professional brethren as follows :—

In 1849, I suddenly found myself incapable of prosecuting my ordinary business, because of the fatigue which it so readily induced. If, at any time, the demands upon my physical or mental powers were more than usual, the prostration following was overwhelming, obliging me to lie down and rest; at the same time I suffered from distressing palpitation of the heart, which was increased by lying on the left side, or with the head low. I had severe pain in the head, from the anterior to the posterior part, and passing down the spine to a little below the scapulæ. If exercise was continued after these symptoms came on, nausea, vomiting, and diarrhœa were induced, also severe pain in the right hypochondriac region.

These general symptoms, with varying degrees of intensity, continued through the year 1869. At this time I wore a set of artificial teeth for the lower jaw on a plate of red vulcanite, or hard india rubber. About the first of May, 1870, when, for the first time, I used both an upper and a lower plate of this kind, the muscular prostration became marked, with an increase of all the above-named symptoms, and also burning pain and soreness in the liver, occasional suppression of bile, total loss of appetite, a very white coat on the tongue, a bitter, metallic taste in the mouth, and strong fever every night. I was at length confined to the bed for six weeks. During this time I received the best medical treatment, but with unsatisfactory results, — the relapses being frequent, although the remedies seemed well chosen.

Then a more than usually severe aggravation of all my symptoms ensued. The fever was most intense for three days; then it was followed by a copious, viscid, most offensive sweat, thick as mucus; this continued twenty-four hours. It gave some relief from the febrile symptoms for about a week, when the same class of physiological disturbances occurred again, but with every symptom intensified.

Soon after the relief which followed this last sweating pro-

cess, a careful analysis of the case was made, beginning with the head and going over every organ, noting every symptom, in the hope of finding some key to this intractable and obscure case.

The symptoms recorded below were noted. They were believed to be caused by poisonous quantities of mercury, for all the symptoms were such as are known to be caused by that metal; no other hypothesis was admissible, as this one only solved the mystery of these months of severe sufferings. But, opposed to this hypothesis was the supposed fact that no mercury could have been introduced into the system. At length it was suggested to the mind, quickened by intense suffering, that it was possible that mercury might be an ingredient of the red rubber dental plates. On reference to its chemical composition it was found to be composed of 36 per cent of vermilion, bisulphide of mercury, 40 per cent of rubber, and 24 per cent of sulphur. The mystery was solved, the key was found, light shone upon the hitherto dark case, and hope sprang up in my mind. Antidotes to this mineral were used, and no relapse thereafter occurred; convalescence was steady, but very slow. Two days after this discovery, a case reported in the *Hahnemanian* was read to me, corroborating our suspicions. Subsequently, I found several cases reported in the *N. A. Hom. Journal*, Vol. 13, page 521, which had been strangely forgotten both by myself and my medical attendants.

The symptoms were noted and written down at this time. They deserve special attention; they show the fidelity of Dr. Neidhard in his provings of cinnabar, recorded in the volume of American provings published in 1853, pp. 229, 280. My record is as follows:—

Indisposition for mental labor; sense of over-exertion of the mind; inability to pursue a train of thought, or to investigate any subject without great effort and exhausting fatigue. I cannot collect my ideas; forget things requiring attention, and which I had determined to do. Morbid state of mind; disposed to fret at trifles; dissatisfied with myself "and the rest



of mankind"; efforts to sleep by day abortive; restless and sleepless at night, or sleep troubled by dreams,—as of enraged horses dashing upon me, violently gnashing their teeth, driving me into water and still pursuing, or dashing into buildings and up-stairs; I never could escape their fury. Dullness and heaviness of the head; can scarcely raise it from the pillow; occasional darting pains through the head from without inwards and from the sinciput and eyes to the occiput. Congested sensation over the whole head, with violent vertigo, and great lassitude, particularly in the morning. Dizziness and lightness of head, causing me frequently to stagger when walking. Frequent sensations as of having taken cold; symptoms of cold in the head; fluent coryza. Beating in the temporal arteries; determination of blood to the head the whole day and night. Roaring and hissing in the ears, with deafness. Eyes red, painful, and rough, as if sand were in them; conjunctiva of lower lid injected and covered with small elevations or granulations. Mouth sore; tongue white; bitter, metallic, disgusting taste. Throat sore; pharynx red; great irritation of larynx, and swelling of epiglottis; I frequently choke in swallowing. Had hoarseness and aphonia for several weeks; cough worse in the night; expectoration of mucus, at first clear, then opaque, and after some weeks, gray muco-purulent, very offensive in the morning, and occasionally streaked with blood.

Pain under the sternum. Pain in the heart, increased by turning on the left side, with palpitations, fluttering, or violent hammering when pursued by the furious horse. Pulse 90 to 100. Pain the upper part of the right lung, in the left lung, and most severe in the region of the heart, and extending to the left arm, which is often numb.

Throbbing in the hypochondrium; aching hard pain extending around from the short ribs to the region of the right kidney, then in the left hypochondrium. Swelling and heat in the right hypochondrium. Burning sore pain the right lobe of the liver, with great weight and tenderness, and these liver symptoms very intense and persistent.

Appetite capricious; loss of appetite; nausea; and, about

once a week, vomiting; ejecta bitter and acid. Distension, pain, and tenderness in the abdomen; it feels too large, and demands loose clothing. Stools hard and large; or, changing suddenly, diarrhoea, white or dark-colored.

Frequent and increased emission of urine, turbid with sediment, first whitish and afterwards reddish.

Limbs and joints painful, especially the knees. Hands and feet very cold every morning, and hot at night. Skin hot in the evening. Heat in bed every night. Profuse, offensive sweat between the thighs at night. Sensation of lameness in all the limbs, with profound weariness, especially in the morning; so languid that the erect position cannot be maintained; always so tired and so weak that every exertion of either body or mind is burdensome.

Pains and fever, worse at evening and when cold. Pains in head and eyes, worse after sleeping. Pains generally relieved by long-continued rest, warm bathing, galvanism, and heat; increased by cold.

These sufferings gradually increased for more than a year. The case was much worse after May, 1870, till September. I was confined to the bed for more than two months. The sufferings were intense, with nearly total loss of appetite, extreme emaciation, and frequent relapses. About the last of September the discovery was made that this was a case of mercurial poisoning. The rubber plates were removed, antidotes taken, and convalescence, although very slow, was gradual and steady.

It may be of interest to know what medicines were most useful in eliminating the poison.

The rule adopted was, first, to relieve the most urgent symptoms. *Hyoscyamus* was most effectual in inducing sleep; *Colocynth*, in relieving the pain in the abdomen; *Hepar sulph.* for the muscular weakness; *Bryonia*, for the pain in the head; *Nitri ac.* for the pain in the spine and legs; *Natr. sulph.* for the burning sore and extreme tenderness in the liver; *Coffea* had been used for vertigo daily, with some benefit, before the cause of suffering was suspected. One remedy was taken until

it had finished its work, then another was selected, covering the larger number of remaining symptoms.

After this painful experience, I may be pardoned if I confess that my indignation at the persistent use of the red rubber is extreme.

Before I was able to use my pen, the public was warned by me through the press, of the danger of wearing red rubber dental plates, and the symptoms were clearly pointed out; and yet—I am sorry to say—some dentists persist in its use; still affirming that it is harmless, and ignorant of chemical changes and reactions sure to follow the contact of the secretions of the mouth. It is alleged that a *polished* plate is perfectly harmless, the mercury in it being insoluble. Such ignorance of chemical laws is only equaled by the cupidity which blinds men to the true interests of humanity.

I have treated many cases of poisoning caused by these plates, and have not failed to give permanent relief, after the red rubber plates were removed, by using the remedies above named.

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### A NEW NASAL COMPRESSOR FOR EPISTAXIS.

BY COURTLAND HOPPIN, M.D., PROVIDENCE.

In addition to cold applications and other excitors of reflex action used to check bleeding from the nose, continued compression of the nostrils against the nasal bones is of great service. In order to effect this without depending upon the patient's fingers or those of an assistant, a simple mechanical appliance suggested itself to me, which in several instances has answered the purpose most admirably. This instrument is afforded in the small, wooden, spring clothes-pin, which is to be obtained from most grocers, certainly at wooden-ware shops. The opening between the nippers, as now made, is far too small; but this can be enlarged by cutting, and if the spring be too strong, compression can be graduated by tying the handles. If the nostrils are not perfectly closed by this means, a pledget of lint, or a piece of muslin, rolled like a paper lamp-lighter and wetted with *Hamamelis* or some other remedy, should be passed into the nostril and pressure again applied.



## Surgical Department.

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WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

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### STRICTURE OF THE URETHRA.

BY H. B. CLARKE, M.D., NEW BEDFORD.

ON the 28th May, 1871, I was consulted by W. H., a sailor (ship steward), who gave the following account of himself: He had had both gonorrhœa and syphilis, and had suffered more or less from stricture for many years. A little more than a year previous, after a then recent attack of gonorrhœa, the stricture became worse, until he finally had complete retention of urine, with effusion into perineum, which was relieved, by opening, at a hospital in Valparaiso. After this, the urethra was dilated. For six or seven months, he got along very well, when the stricture again caused retention, which relieved itself by forcing an opening at the seat of the previous operation, and thus established a perineal fistula. From that time the larger part of the urine had been discharged through the fistula.

The man's was about forty years old, of good physique, with dark hair and eyes, nervo-bilious temperament. He had weighed, when well, one hundred and sixty pounds; he then weighed one hundred and forty. His appearance betokened chronic distress. His eye was ferrety, his manner depressed and anxious, his step peculiar, as though avoiding all jar to the body. He complained of weakness, of pain in the back, of headache, but, above all, of the difficulty and distress attending micturition.

He was feverish, had no appetite, tongue coated white, great thirst, pulse one hundred. The desire to pass water was almost constant. He had to get up very often at night. No discharge was possible except with great straining. He would occupy from ten to fifteen minutes in a discharge, which came from the penis slowly in drops, while a larger quantity oozed through the

fistula. When at stool, he had freer discharge of urine than at any other time. The fistula was a very small opening, about half an inch posterior to the scrotum, surrounded by the thickened tissues of the perineum. The bladder could be felt above the pubes, thickened and firm to the touch.

With some difficulty I introduced a No. 2 gum-elastic bougie through stricture, which was situated about two inches from the meatus. It "held" the bougie for a space of half an inch, or more. There was a second point of stricture, in the membranous portion of the canal, posterior to the fistula. Externally, the canal could be felt thickened and hard in the region of the outer stricture. On withdrawing the instrument, it was smeared with the pasty-looking secretion which attends permanent stricture. There was irritation following the introduction of the bougie, but it subsided within twenty-four hours, when the discharge of urine through the penis increased, the drops being larger and more frequent; but succeeding operations, at intervals of two days, caused more and more irritation, till at length the violence of the attacks of retention, and of urethral fever which followed, became really alarming.

Upon allowing a longer interval to elapse between the operations, the improvement in passing water was more marked; but the irritability was in no wise diminished. It was not until June 12 that I was able to get in a No. 3 bougie. This operation was followed by a very severe attack of retention and fever, attended by vomiting and hiccough.

From this time up to July 15th, at varying intervals, I introduced the No. 3 bougie, and made a few unsuccessful trials with a larger one. Every operation was followed by distressing attacks of retention and fever. There was some improvement in discharging the urine, — which, at times, would pass almost wholly through the penis, — but the straining was not much diminished. The patient had become very much discouraged, and was quite willing for me to take any course that promised to shorten the treatment, even at the risk of a fatal result.

July 15, 1871. — I proceeded, therefore (though not without

some misgiving when I considered the great irritability of my patient and the apparently violent character of the operation), to rupture the urethra with Holt's instrument, as modified by Bumstead. The instrument, as described by Mr. Holt, "consists of two grooved blades fixed in a divided handle, and containing between them a wire welded to their points, and on this wire a tube (which, when introduced between the blades, corresponds to the natural caliber of the urethra), is quickly passed, and thus ruptures, or splits the obstruction."

The modification of Bumstead consists in having the point of the instrument curved like a catheter, and the attachment of a tip at its extremity, which can be unscrewed, removed, and a filiform bougie screwed on in its place, thus affording a guide in those cases where the stricture will not admit the direct passage of the instrument.

As the diameter of the instrument equals a No. 5 catheter, I supposed I should find the filiform bougie useful; but in performing the operation I found it impossible to pass the bougie beyond the second stricture; the hold of the first one rendering it needful to have a firmer instrument. I therefore removed the bougie, and by moderate pressure (the patient being well under the influence of chloroform) succeeded in passing the instrument into the bladder. When this had been accomplished, one smart push of the tube (No. 9) which I had selected as corresponding to the size of the meatus, finished the operation. On withdrawing the instrument, a few drops of blood followed. A No. 8 catheter was then easily introduced. A little clotted blood adhered to it upon its withdrawal. No other bleeding occurred. After coming out of the immediate influence of the chloroform the patient seemed very comfortable.

The operation was performed about three P. M. At nine P. M., he passed water freely through the penis, after which he had a severe chill. I saw him at eleven P. M., and found him very feverish, with pulse 120, full, bounding; violent headache, flushed face, trembling, excited. I gave him *Bell*.

July 16.—I found him in good condition in the morning. He had slept the latter part of the night, the fever having at



once subsided after taking *Bell*. Pulse 72. He passes water freely without straining and wholly through the penis. This organ is swelled mainly on the left side of the urethra; — thus curving and twisting it.

July 17, 48 hours after operation. — I again passed No. 8 catheter without difficulty. In passing the region of the stricture, the instrument gave the impression of touching broken fragments of thickened tissue. The swelling and soreness had much diminished under the use of *Arnica* lotion. Subsequently he passed the No. 8 catheter himself once in two or three days.

July 28. — I saw him for the last time when he was quite well and about going to sea.

I have reported the above case mainly to call the attention of the "general practitioner" who, like myself, may only at rare intervals have such an ugly customer to deal with, to the comparatively recent method of rupture as a mode of treatment in permanent stricture. As this case shows, it may afford a happy means of escape from the old routine of dilatation which is sometimes so tedious in its operation, and so frequently unsatisfactory in its results.

Its successful application in such cases is abundantly assured by the testimony of Mr. Holt, of the Westminster Hospital; London, who is entitled to the credit of having established this method of treatment, and of many others whose numerous published cases show equally good results.

While this case, therefore, has nothing unusual in its course and termination, I venture to call attention to some of its features, which may have an interest for those who are not already familiar with this class of affections.

The patient was extremely solicitous for a cure to be made quickly. Under his entreaties, I endeavored, at first, to hasten it, by dilating every second day. Experience showed that a more rapid improvement followed a longer interval.

"The phenomena following the passage of an instrument through a stricture have been carefully studied by Sir Henry Thompson, and are both highly interesting and instructive. At the first succeeding act of micturition, the stream of urine is

found to be increased in size; in the course of a few hours it diminishes, and is even smaller than before the introduction of the instrument; finally, after a day or two, it is permanently enlarged.

"Thompson attributes the first-mentioned effect to mechanical dilation, the second to reaction, congestion, and spasm, and the third to the subsidence of the latter and to the removal by absorption of a portion of the organic deposit.

"The practical deductions from these observations are, that an instrument should not be inserted with such force, nor retained so long as to excite decidedly inflammatory action; and that catheterism should not be repeated until the irritation produced by previous application on has disappeared."<sup>1</sup>

The effects of the operation by rupture, in removing the irritability of the urethra, and the instant relief it afforded to the entire group of formidable symptoms, were really astonishing. What Mr. Holt says of many of his cases proved true of this; viz., that the rupture caused far less disturbance than catheterism had previously done.

Of medicinal influence there was little opportunity to judge. *Canth.*<sup>3</sup> (a vial of pellets which some one had given him in South America) had afforded more relief from the scalding, he said, than any other medicine he had taken. *Merc. sol.*<sup>3</sup> seemed useful in promoting the absorption of the morbid deposit. At one time while taking this medicine there was marked and continuous improvement for two weeks, during which time dilatation was not performed.

I should have been inclined to attribute great efficacy to *Bell.*, in allaying urethral fever, if I had not found it written that "in most cases urethral fever terminates in resolution, either with or without treatment, in the course of a few hours."

Quinine, which old-school routine demands in such cases, is no doubt oftentimes the proper homœopathic remedy. The opium which it also imposes is probably always needless and damaging.

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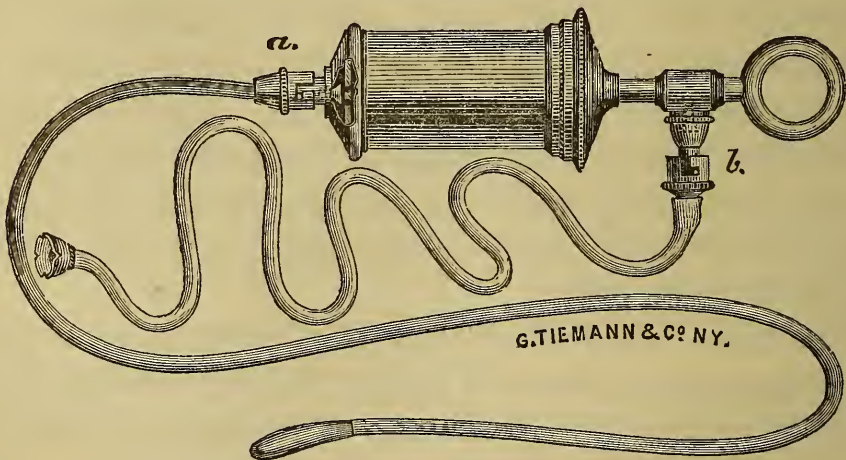
<sup>1</sup> Bumstead, on Venereal Diseases, p. 278.

## TIEMANN'S STOMACH-PUMP.

*(From the "Medical Record.")*

THE stomach-pump is such an important instrument that no practitioner of medicine should be without one. By it an operation can be performed which can be done by no other contrivance, — an operation which, in the large majority of cases, is the direct means of saving life. The circumstances demanding its use are such as to admit of no delay, — no opportunity, perhaps, of sending to an instrument-maker or borrowing of a neighbor-physician. Especially is this the case in country practice, and it would not be saying too much that many a poisoned person is allowed to die whom the possession of this instrument and its prompt use might save.

The various stomach-pumps heretofore in use have been more or less complicated, apt to get out of order, and inefficient. We present an improved instrument of this sort to our readers, which was devised by Messrs. Stohlmann & Pearre, of the firm of Geo. Tiemann & Co., and is represented in the accompanying cut.



The syringe is constructed of hard rubber, is of the capacity of half a pint, and is provided with the ordinary stomach-catheter, which is attached to its nozzle by a bayonet catch. The nozzle is separated from the chamber by means of a perforated diaphragm, against which rests the base of a conical plug-valve. The piston-rod is perforated to communicate with



a nozzle at right angles with it, and just below the handle. This shoulder is supplied also with a conical plug-valve, the apex of which is directed towards the piston. To this second nozzle or shoulder is attached, by the bayonet catch, an india-rubber tube, the distal extremity of which is provided with a fenestrated cup-shaped weight.

The arrangement and construction of the pump is such that by working the piston the fluid is made to pass through the stomach-catheter, thence through the tubular piston, and finally through the rubber tube. The current can be made to pass only in one direction, and this is, after all, sufficient, and can be employed to pump fluids into the stomach as well as out of it. This is done by merely shifting the relative positions of the stomach-catheter and rubber tube. The former is attached to the piston-nozzle and the latter to the nozzle proper.

To empty the stomach, use the instrument as represented in the cut.

To pump fluids *into the stomach*, attach the catheter to the piston-nozzle (*b*) and the soft tube to (*a*).

The instrument is exceedingly simple, not liable to get out of order, and can be used at a moment's notice with as much ease and efficiency as any ordinary hard-rubber syringe.

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## RECTILINEAR ECRASEUR.

BY J. C. NOTT, M.D., NEW YORK.

*Extract from the "Medical Record."*

THE last lecture I heard from M. Nélaton, in Paris, was on the use of the *écraseur linéaire* of Chassaignac, for removal of hæmorrhoidal tumors. He made two fatal objections to it:—1st, in internal hæmorrhoids it is sometimes followed by dangerous hæmorrhage; 2d, from the amount of tissue embraced it not unfrequently causes stricture of the anus. These objections I can fully indorse from my own observation.

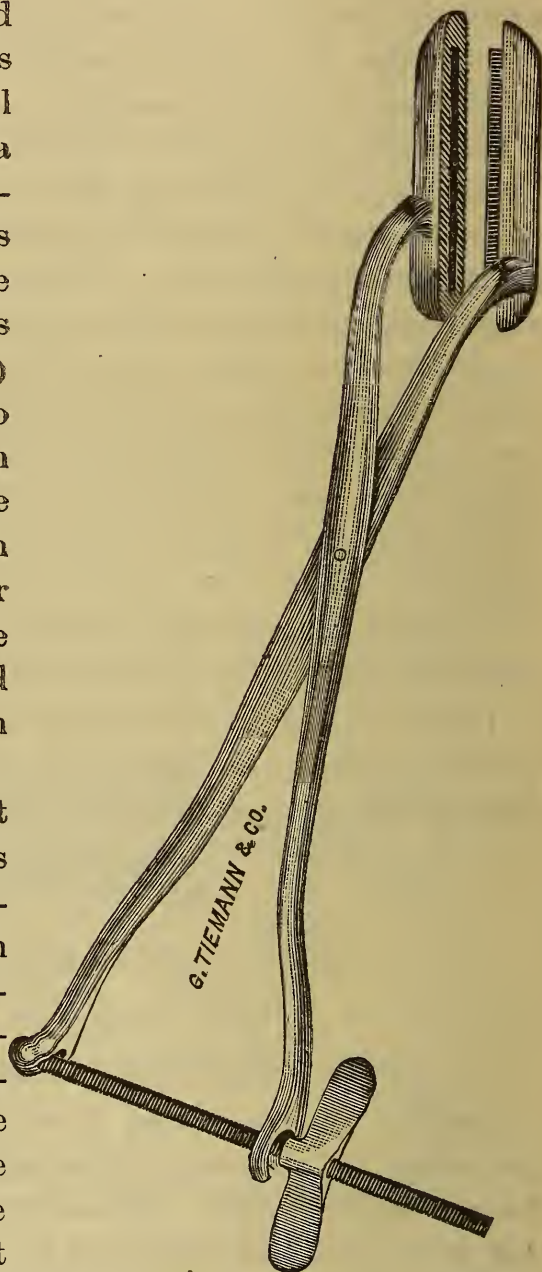
About twelve months ago I contrived a rectilinear *écraseur*, which properly employed, is, I think, free from the above ob-

jections, and fulfils all the indications better than any other instrumental operation yet devised. It is almost entirely free from subsequent pain.

A glance at the annexed drawing will show that this instrument has two parallel blades coming together like a clamp. One blade has a narrow fenestra running its whole length of about three inches, and the other presents a rough edge (like a fine saw) so constructed as to pass into and fill up the fenestra when the clamp is closed. There is a shoulder projecting on each side of the blades, for the purpose of crushing more perfectly the tissues operated upon, a little beyond the thin edge of the blade.

This instrument does not completely sever the tissues (as does the *écraseur* of Chassaignac) but crushes them down to a pulp. If the hæmorrhoid is within the sphincter, it is safest to tie a ligature in the sulcus made by the *écraseur*, for fear of some secondary hæmorrhage,—the tissue is so compressed that

a very small pedicle is left for the ligature, and the vitality of the part being completely destroyed, the *ligature causes no pain*, and the tumor drops off in a day or two. I cut away with scissors the part of the tumor outside of the ligature at the time of the operation.



I removed five internal hæmorrhoids, at one operation, from a patient, a few days ago, in the presence of Drs. Keyes, Castle, Yale, and Dudley; and after the effect of the anæsthetic passed off, the patient never complained of pain. This is a result which is impossible after ligatures. The clamp and actual cautery, used by some surgeons, give good results, but are much more troublesome.

Where the hæmorrhoids are external, instead of using a ligature I clip them off with scissors as soon as the clamp is removed.

The principal advantages of this instrument are : —

1st. It is easily and rapidly applied, and requires much less time in its action than that of Chassaignac.

2d. It removes, in a *right line*, the exact amount of tissue desired, and *is not* followed by pain.

This instrument is applicable to the tongue, cervix uteri, penis, tumors on cervix uteri or vagina, and to the vagina in operations for procidentia uteri, etc.

I should not omit to mention that after I had worked out in my own brain the above instrument and exhibited it to Prof. Isaac E. Taylor, he showed me one he had invented twelve years previously, identical in principle, though differing in shape and some minutiae of construction; his is curvilinear, mine rectilinear, etc. His instrument, though invented twelve years ago, was never published, that I am aware of, and has not been exhibited for sale by the instrument-makers of New York; having been a resident of this city within the last four years only, it is not remarkable that I never heard of it until it was shown to me by him. His instrument was, I think, designed particularly for the removal of uterine growths; but although the principle is excellent, I think the size and shape make it inconvenient and inapplicable in most cases where an écraseur can be used.

I have also had a pair of artery forceps constructed on the same principle, for arresting hæmorrhage in arteries. Of both these instruments I shall have more to say on a future occasion.



## The New England Medical Gazette.

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BOSTON, MARCH, 1872.

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NONE of our readers or contributors can feel greater regret than we do at the delay attendant on the issue of the *Gazette*. But we have the satisfaction of knowing that in the interim we have labored earnestly for the good of our cause. And, in return, we ask our friends not only to pardon our delay, but to assist us, more than ever before, by contributions and subscriptions, to make the *Gazette* a more successful and better exponent of homœopathy.

Our next issue will appear very soon, and, like this, will be a triple number. It will contain an account of the fair held in Boston in aid of the Massachusetts Homœopathic Hospital, and of the fair held in New York in aid of the Surgical Hospital, and a full report of the twenty-ninth anniversary of the American Institute of Homœopathy held in Washington. These are all events of the highest interest to all members of our school, and our record of them will, we hope, make some amends for the delay of the *Gazette*. We hope with the July number to resume our accustomed form, and make our monthly visit to our numerous readers, regularly and promptly.

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WE had prepared and put in type various notices relating to the Fair, the meeting of the American Institute, and other Medical Associations. But as these are now things of the past, the preparatory notices would now do no good, and we accordingly omit them. Reports of these meetings, and also carefully prepared reports of cases in practice, we earnestly solicit from the profession.

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MEETING OF THE AMERICAN INSTITUTE IN SAN FRANCISCO IN 1873.—The San Francisco County Medical Society of Homœopathic Practitioners have unanimously adopted the following resolutions which have been courteously forwarded to the various medical societies throughout the country. The wish that a session of the Institute might be held in California has been often expressed, and, we doubt not, this kindly invitation of the San Francisco Society will be cordially accepted, if not next year, at least soon:—

*Resolved*, That this Society extends to the American Institute of Homœopathy a cordial invitation to hold its session of 1873 in the city of San Francisco.

*Resolved*, That this Society will use every endeavor to secure the hearty co-operation of all the friends of homœopathy on the Pacific coast, in order to make the visit of the members of the Institute as pleasant and profitable as possible.

S. PORTER, M. D., *President*.

W. N. GRISWOLD, M. D., *Rec. Sec.*

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## CORRESPONDENCE.

NEW BEDFORD, MASS., 1872.

*Editor of the Gazette : —*

About a year ago my attention was directed to the unusual merits of a native claret wine made by Chas. Saalmann, at Egg Harbor, N. J. The maker, I was assured, was a man of integrity and a competent vintner. Upon trial, I have found this wine a better article than I have before been able to obtain in this country; and while I make no pretensions to unusual knowledge concerning the quality of the various brands of claret wine to be obtained in the market, I can heartily commend this for its purity, its fruity flavor, its fine bouquet. In nearly every case in which I have thought this kind of wine appropriate, and have prescribed it, the patients have testified their appreciativness of it by asking for more. With other varieties of claret this has been a very rare occurrence. I am not a believer in the theory that alcoholic stimulants afford "support" in prostrating diseases; nor have they, in my opinion, much therapeutic value generally; still cures occur, — as in a lingering convalescence from a fever, — when the appetite is fastidious, plain food is distasteful, seasoned food cannot be borne, and yet the patient craves something that shall refresh and strengthen; then this gentle stimulant proves grateful to the taste and useful as a restorative.

In concluding this *puff extraordinary*, let me explain how I came to write it. In ordering some wine lately from Mr. Saalmaan, I availed myself of the occasion to inform him of the proposed Homœopathic Hospital Fair, and suggested that a contribution of wine would be an acceptable gift. I also offered, in case he made such a contribution, to introduce it to the attention of physicians hereabouts, so far as I was able. He has complied with my suggestion, and I take pleasure in announcing to those who may attend the fair, that, at the New Bedford table specimen bottles of this wine may be obtained upon reasonable terms.

Yours,

H. B. CLARKE.

## REPORTS OF SOCIETIES.

## WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by D. B. Whittier, M.D.*

## THE QUARTERLY MEETING

OF this Society was held at the Lincoln House in Worcester. The President, Dr. C. A. Brooks, occupied the chair. Our meetings are evidently increasing in interest. This is shown by the attendance, and by the quantity and variety of essays and subjects presented. It is often remarked that the meetings of our State Society would suffer in comparison. Drs. J. K. Warren, of Palmer, and G. H. Hackett, of Fitchburg, were elected members. Dr. Hunt, of Worcester, read an interesting and practical paper on Ophthalmia. He presented the characteristic distinctions of the various kinds of Ophthalmia and some new methods of treatment. He also described and contrasted the local treatment of European and American surgeons, and added reflections drawn from their relative positions and treatment. In the discussion on the paper, Dr. Chamberlain detailed the application of electricity in painful ulceration of the cornea, and Dr. Brown described the effects of extreme heat. Dr. Brown then read a brief paper on Leucocythemia, founded on four fatal cases.

Dr. Spooner reported five cases.

Dr. Hunt read cases of allopathic homœopathy, culled from allopathic journals, and also cases under his own care.

Dr. H. M. Smith, of New York, was a guest of the Society, and by invitation spoke of the benefit of *Cundurango*<sup>3</sup> and<sup>30</sup>, in cancer. He urged the importance of observing the effects of different preparations of the same drug, so that pharmacutists may be able to give physicians the best preparations.

Dr. Hunt said *Æculus hipp.* tincture had disappointed him, while the trituration of the whole nut had been very serviceable.

Dr. Brooks related cases of the passage of renal calculi facilitated, and pain relieved by *Kali hydriod.*<sup>1dec.</sup> Dr. Chamberlain presented to members a quantity of *Cosmoline* or refined rock-oil, and recommended its use for sores, ulcers, burns, tinea capitis, excoriations, and various troublesome skin diseases.

After adjournment the Society dined at the Lincoln House, by invitation of our hospitable associate, Dr. Chamberlain.

## THE ANNUAL MEETING.

The annual meeting was held at Worcester, Wednesday, Nov. 8, 1871, the President in the chair. There were fourteen members present. The following officers were elected: President, C. C. Slocumb, M.D., Rutland; Vice-President, D. Hunt, M.D., Worcester; Secretary and Treasurer, D. B. Whittier, M.D., Fitchburg; Corresponding Secretary, Wm. B. Chamberlain, M.D., Worcester; Censors, Drs. Brooks, Hinks, and Forbes.



Dr. Forbes read an interesting paper on Epidemic Typhoid Fever. The paper was based upon an epidemic that had visited the vicinity of Brookfield this Fall. He had treated twenty-seven cases of a severe type and forty-one cases of a milder, all of which recovered. The severe cases were characterized by stupor; dry, black tongue and mouth; diarrhœa, or constipation, and iliac sensitiveness; and regular critical exacerbations. Those cases commencing with diarrhœa were the more formidable; these were quite fatal in the hands of the allopaths. Many of the milder cases presented the same characteristics but with less severity. The remedies used in the mild form were *Acon.* and *Bry.*; in the severe type, *Merc.*, *Rhus tox.*, and *Arsen.*

Quite an animated discussion followed on the magnitude of the epidemic. Some contended it must have been autumnal fever; they based their conclusions upon the *number* of cases. Others affirmed their observation to have been that sudamina, petechiæ, and iliac tenderness are frequently absent in typhoid fever, and a prognosis based upon these conditions is more unreliable than those mentioned by Dr. Forbes. He believed that Peyer's glands are no exception to the law of amenability to remedial influence; their condition is often so materially modified as to deprive them of any distinct or characteristic pathological importance. Drs. Hunt and Brooks thought the affection in the glands should be manifest. Dr. Whittier thought that since Dr. Forbes had the advantage of being on the ground, having examined and treated this large number of cases, and consequently having so large an opportunity for observation, his testimony should entirely overcome the objections raised upon the unusual magnitude of the epidemic. Dr. Forbes followed Dr. Rapou's directions for feeding, with good results.

Dr. Hackett presented an interesting case of chronic hæmaturia with occasional passage of calculi. *Lyc.*<sup>30</sup> affords the most relief. Dr. Hunt believed that there was an encysted calculus, and that the hæmorrhage resulted from its irritation. He advised removal, and the internal use of *Mur. ac.* Dr. Hackett suspected the hæmorrhage to be renal. Dr. Whittier thought not, since the patient voids large coagula, and blood does not coagulate when mixed with urine.

Dr. Chamberlain reported a case of paracentesis thoracis. A blacksmith strained his chest while shoeing a horse and was subsequently operated upon for hydrothorax with good results. It returned in about a year worse than ever. Dr. Warren, of Boston, thought there were ten quarts of water in the chest; he advised delay in tapping as long as possible. With this advice in view he received *Merc. corr.* and *Kali hydriod.*, but without benefit; he also used daily forcible inhalations of air, which only excited cough and profuse expectoration. After six weeks he insisted on being tapped, when three pints of water was removed. Forced inspiration being resumed, resulted in relieving him of a quart a day for two weeks. A silver tube was then inserted, allowing a free passage of air. This was worn for two years, when the opening was allowed to heal. He has been well since, — now eight years.

Cases of retained foetus were given by Dr. Nichols. A woman at

the climacteric took massive doses of *Secale*, and was delivered of a cartilaginous foetus nine inches long. It was supposed to have been nine years in utero. He related also a case of retention of foetus twenty-nine years.

Dr. Sibley presented a young lad with hip disease in the inflammatory stage. Dr. Hunt suggested postural treatment with counter-extension, the internal use of *Calc. phos.*, and dry hot earth applications, — the latter becoming quite generally used by eminent surgeons.

Dr. Slocomb presented a patient, with a very large umbilical hernia. An operation was advised.

The appointments for the next meeting were made as follows: Papers by Drs. Clark and Hinks; Obstetrics, Dr. Nichols and Hunt; and Clinics, Drs. Spooner, Hackett, and Warren.

Adjourned.

## NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

### TUESDAY MORNING.

THE twenty-first annual meeting of this society commenced on Tuesday, 13th February, 1872, at 10 A. M., in the Common Council Chamber of the City Hall, Albany. The President, J. F. Gray, M.D., made a few opening remarks, calling particular attention to a bill now before the State legislature giving county medical societies power to summon physicians before them for examination, in secret session perhaps, and thus virtually to crush them. He commended the proposed Bureau of Vital Statistics, which the State proposes to connect with its commission on public charities.

C. G. McKnight, M.D., of Providence, and W. W. Rodman, M.D., of New Haven, Ct., were elected Honorary Members.

The receipts of the year were \$471.60; expenditures \$459.50.

Dr. G. F. Foote, M.D., of Middletown, introduced Dr. Worcester, of Burlington, Vt., formerly of the Butler Hospital for the Insane, at Providence, who read a paper upon the medical treatment of the insane in hospitals, the little attempted by it, and the far less accomplished.

Several papers were reported by title by the Bureaus of *Materia Medica* and of *Clinical Medicine*: —

Dr. A. P. Throop read an address on the relations of homœopaths and allopaths, showing hopeful signs of fraternization between them in the not distant future.

### TUESDAY EVENING.

The President delivered his address, earnestly advocating the plan of State examinations. He regretted the imperfect education of young men commencing the study of medicine, and the large liberty which ignorance has in the profession. He dwelt in detail on the collateral studies, an acquaintance with which is no credit to a physician, while ignorance of them is a great disgrace. He urged



that the mystery of animal magnetism, be it science, be it fraud, should be unravelled, and in this and in every advance he would have the homœopaths in the van.

At the close of the address, the Society, in compliance with an invitation from the Governor, adjourned to the Executive Mansion.

### WEDNESDAY MORNING.

The Society met at nine. Dr. F. Seeger, of New York, presented a paper on Laryngoscopy and a report of the Hahnemann Hospital of New York.

In conformity with the report of the Nominating Committee, the following officers were elected for the ensuing year:—

*President*, H. A. Houghton, M.D., Keeseville.

*Vice-Presidents*, Chas. Sumner, M.D., Rochester; H. S. Hutchins, M.D., Batavia; G. L. Gifford, M.D., Hamilton.

*Recording Secretary*, H. M. Paine, M.D., Albany.

*Corresponding Secretary*, E. D. Jones, M.D., Albany.

*Treasurer*, H. Hunter, M.D., Albany.

*Censors*, L. B. Waldo, M.D., Oswego; F. L. Vincent, M.D., Troy; D. H. Bullard, M.D., Glens Falls; N. R. Seely, M.D., Elmira; F. W. Ingalls, M.D., Kingston; W. J. Bryan, M.D., Corning; C. A. Church, M.D., Norwich; H. V. Miller, M.D., Syracuse; N. B. Covert, M.D., Geneva; E. H. Hurd, M.D., Rochester; D. E. Bishop, M.D., Lockport; A. T. Bull, M.D., Buffalo.

Chairmen of Bureaus were selected as follows:—

*Materia Medica*, G. B. Palmer, M.D., E. Hamilton; *Pharmacy*, H. M. Smith, M.D., New York; *Clinical Medicine*, W. H. Watson, M.D., Utica; *Obstetrics*, S. P. Burdick, M.D., New York; *Surgery*, W. T. Helmuth, M.D., New York; *Ophthalmology*, W. S. Searle, M.D.; *Gynæcology*, A. P. Throop, M.D.; *Pædology*, C. Judson Hill, M.D.; *Histology*, T. F. Allen, M.D., New York; *Climatology*, L. B. Waldo, M.D., Oswego; *Vital Statistics*, H. M. Paine, M.D., Albany; *Vaccination*, F. L. Vincent, M.D., Wm. Baxter, M.D.; *Statistics*, H. N. Avery, M.D., Poughkeepsie; *Necrologist*, S. B. Barlow, M.D., New York.

The following Honorary Members were nominated: Mathias Roth, M.D., London; W. C. Deane, M.D., Williamsport, Pa.; E. H. Ruddock, M.D., London; L. de V. Wilder, M.D., Hartford; F. B. Mandeville, M.D., Newark; Samuel Worcester, M.D., Burlington, Vt.

The following delegates were appointed to the American Institute: C. G. Clark, M.D., Troy; T. I. Calkins, M.D., Hudson; W. H. Barnes, M.D., Chatham; H. N. Hunting, M.D., Albany; H. D. Brown, M.D., Potsdam; W. J. Bryan, M.D., Corning; Theodore Quirk, M.D., New York.

Drs. H. D. Paine, T. F. Smith, and C. A. Church were appointed delegates to the Massachusetts Homœopathic Medical Society.

From the Bureau of Surgery Dr. Helmuth reported on new instruments, exhibiting those of which he spoke.



The examination bill, vetoed last year by the Governor, was discussed. Dr. Gray stated that the new bill was not likely to meet with his objection, as it had been unanimously recommended by the Bureau of Medical Education. A committee was appointed to urge its enactment.

The annual dues of permanent members were fixed at three dollars, those of delegates at five dollars.

Dr. Vincent recommended vaccination with lymph from the cow.

Dr. Craig recommended vaccination in infancy and once after puberty, but no more.

Binghamton was selected as the place of the semi-annual meeting, on Tuesday, 10th September, 1872.

Several articles were reported by the Bureau of Obstetrics, and also various miscellaneous papers.

The Bureau of Medical Education was requested to report whether committees of the Bureau of Statistics should not investigate personally the condition of hospitals, etc.

The usual votes of thanks were passed, and the Society adjourned,

### HOMŒOPATHIC INSANE ASYLUM.

FROM a report of Geo. F. Foote, M.D., of Middletown, N. Y., Superintendent of the State Homœopathic Asylum for the Insane, it appears that this work is in a good degree of forwardness. The land, two hundred acres adjoining the village of Middletown, purchased for \$34,816, is paid for. A branch to the Erie Railway, over half a mile in length, has been permanently built for \$1,770.29. The site has been connected with the water-works of Middletown by 2,800 feet of four-inch pipe, at a cost of \$2,155.73. A handsome street along one side of the ground is nearly completed; towards this the Asylum has paid \$338.95. Stock and implements for the farm have been purchased to the extent of \$2,051.70. The foundation is nearly complete for the central and executive building, one hundred and seventy-two feet by sixty-two, which will accommodate from thirty to forty patients, besides the executive rooms for the entire establishment. Much grading was done in excavating the cellar. Shops have been erected, tools and materials accumulated, and the farm prepared for orcharding. The cost of all this has been \$1,036.47. This makes the material cost of the property as it now stands:—

	\$51,449 14
Add. Supt. Salary . . . . .	1,457 50
Other Salaries . . . . .	600 00
Architect . . . . .	175 00
Expenses since 1st Oct. 1868 . . . .	2,664 72
Total outlay . . . . .	\$56,346 36
Cash on hand . . . . .	28,367 37
Total . . . . .	<u><u>\$84,713.73</u></u>

Received from State	.	.	.	.	.	\$44,000 00
Collections, etc.	.	.	.	.	.	40,713 73
						<hr/>
Received, as above	.	.	.	.	.	84,713 73
Due from State	.	.	.	.	.	37,427 46
“ from Orange Co.	.	.	.	.	.	20,000 00
“ on Subscriptions	.	.	.	.	.	14,108 00
						<hr/>
Total assets	.	.	.	.	.	\$156,249 19

This exposition shows a healthy condition, and must encourage the friends to continue their generous co-operation in helping to complete and put in active use this much-needed institution.

### BROOKLYN HOMŒOPATHIC HOSPITAL.

WE have received a beautiful photograph of this hospital, which, from its size and elaborate architecture, tells better than words of the prosperity of this institution, and the powerful influence which our system exerts upon the wealthy and intelligent citizens of Brooklyn. We wish this picture were in a form that we could present to our readers; but, at any rate, we shall hope soon to give them a full description of this magnificent edifice.

### REVIEWS AND NOTICES OF BOOKS.

**DISEASES OF THE HEART:** Lectures before the Hahnemann Medical College, Chicago, by Edwin M. Hale, M.D. New York: Boericke & Tafel. pp. 206; 8vo.

These lectures sum up what is known of the etiology and diagnosis of heart diseases, and carefully gathers, for the first time, the result of homœopathic treatment of them. Homœopathy has too long wanted a monograph of these formidable diseases, and is under obligations to Dr. Hale for his diligent research, which has brought together the somewhat conflicting conclusions of homœopathic practitioners, too often misled by the fancies of their patients. There is work enough for another century in the study of the diseases of the heart; but a thin octavo is a narrow space to contain what is reliably known to homœopathy on this subject. Dr. Hale naturally divides his treatise into three parts: functional, inflammatory, and organic. Part 1 begins with two introductory lectures, on the anatomy and physiology of the heart, and the increased frequency of its diseases. A lecture follows on its functional disorders in general, and one on angina pectoris. A good, reliable collection of cases is a desideratum here. Part 2 contains a lecture on pericarditis and one on endocarditis, closing with a page on myocarditis. The more serious matter of organic diseases — Part 3 — occupies about half the book. Hypertrophy is treated in lecture 7; enlargement by dilatation, in lecture 8; other lesions of the walls, in lecture 9; and valvular lesions occupy the remaining two.

Under Rupture of the Heart, p. 174, he says : —

“ Cases are on record where rupture of the heart has occurred from violent mental emotion, independent of cardiac disease. A singular book has lately been published in England [and republished by the Appletons] treating of the diagnosis of the crucifixion of Christ. The authors are the eminent London surgeons, William Stroud and Sir J. Y. Simpson. Dr. Stroud, after citing and commenting on a long series of instances of bloody sweat, feels warranted in the conclusion that, owing to the natural constitution of the human frame, the exciting passions, when violent, and especially when accompanied with agony or conflict, are capable of producing bloody sweat, and when still more intense, rupture of the heart. Among other medical authorities he quotes the younger Gruener, to the effect that it is common for a person whose heart is oppressed by excessive congestion of blood, and who is threatened with suffocation, to ‘ cry out with a loud voice ’; and also Dr. Walshe, Professor of Medicine in University College, London, who says that in case of rupture of the heart, the hand is suddenly carried to the front of the chest, and a piercing shriek uttered. Sir James Y. Simpson says in substance, that usually death very rapidly ensues, in consequence of the blood escaping from the interior of the heart into the cavity of the large surrounding heart-sac or pericardium, and that in such cases the sac will be found, on dissection, to contain two, three, four, or more pounds of blood accumulated within it, and separated into red clot and limpid serum, or ‘ blood and water.’ As dissection was not practised in ancient times, the nature of this rare disease was not understood, if indeed its existence was even suspected. These surgeons agree, therefore, that death was occasioned, not by pain and physical exhaustion, which, in a person in the prime of life, would require two or three days, but by a literally broken heart.

“ Rupture of the heart is almost inevitably fatal, and death occurs instantaneously. Walshe, however, states that one case has been recorded of death from rupture, in which a former rupture was discovered firmly filled by a fibrinous coagulum, adherent to the wall of the heart.”

Dr. Hale deserves the thanks of the profession for this timely compendium. It cannot fail to be a nucleus about which much valuable experience will rapidly crystallize.

REFLEX INSANITY IN WOMEN; its causation, course, and treatment.  
By Horatio R. Storer, M.D. Boston: Lee and Shepard.

This is a reprint from the transactions of the American Medical Association for 1865, authorized by vote of the Association in 1867. The vast and painful subject of idiopathic insanity would be greatly benefited if we could entirely disembarass it of those cases in which the cerebral disorder is but symptomatic of pelvic affections, and when the primary disease alone may need treatment. Insanity is a study of itself; if the alienist be not also a gynæcologist, he is liable to treat blindly cases which he may render incurable, when all that is



needed is but to remove causes that he does not understand. The work is mainly an argument to prove that a much larger proportion of cases of insanity in women is due to sexual causes than is generally supposed. Into this argument we do not propose to enter here; but we all know how easy it is for a specialist to make all the ills of humanity hinge on his speciality. We are sorry to see here as elsewhere cropping out evidences of the stupendous cruelty and brutality yet to be found in lunatic asylums in Christian lands. Let us hope that the opening of the Middletown Homœopathic Asylum for the Insane will inaugurate a better day for a most pitiable class of sufferers.

**ELEMENTARY MANUAL OF CHEMISTRY.** Abridged from Eliot and Storer's Manual. By Wm. Ripley Nichols. New York: Ivison, Blakeman, Taylor & Co. Boston: W. A. Wilde & Co. Pp. 352; 12mo.

To master the changes of the last dozen years in chemistry requires no little time and study on the part of the physician in active practice. To do this completely he would require such a work as the *new Fownes*. But in this smaller work he will find all the general principles clearly stated, and in a more condensed form. There is one peculiarity in this book: the distinction of inorganic and organic is here for the first time ignored: the carbon compounds are treated like those of other elements. We wish this attempt success, but it gives to carbon nearly a hundred pages,—more than to all the remaining elements, metals included. The work is analytic, and based on the experiments, and is brought down to the present time. Its authority is the highest, its extent ample for all practical purposes, and for use in the laboratory there is probably no better.

**THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF BROMIDE OF POTASSIUM AND BROMIDE OF AMMONIUM.** By Robert Amory, M. D., and Edward H. Clarke, M. D. Boston: James Campbell. Pp. 178; 12mo.

The Bromide of Potassium is yet a new and fashionable drug. Dr. Amory's experiments and *provings* of it were published in the transactions of the Massachusetts Medical Society some time since. To the republication, in a neat handy volume, Dr. Clarke prefixes a still larger bulk of therapeutic observations. Dr. Amory's work is original, and entirely reliable so far as it goes, but it by no means supercedes homœopathic provings. Many of his experiments were on rabbits and other animals, and they only touched the pathogenesis of the drug. Dr. Clarke has read his subject up well, and has brought his facts together from every possible allopathic source. We are much obliged to him, but hope that homœopathy will yet "show him a more excellent way."

## ITEMS AND EXTRACTS.

PETROLEUM has been discovered in Nova Scotia.

PAUPERISM in London has fallen off very largely this year.

COOLIES to the number of 138,000 have been introduced into the West Indies during the last thirty-seven years.

ADVANTAGES OF CRYING.—A French physician is out in a long dissertation on the advantages of groaning and crying in general, and especially during surgical operations. He contends that groaning and crying are two grand operations by which nature allays anguish; that those patients who give way to their natural feelings more speedily recover from accidents and operations than those who suppose it unworthy a man to betray such symptoms of cowardice as either to groan or cry. He tells of a man who reduced his pulse from one hundred and twenty-six to sixty in the course of a few hours, by giving full vent to his emotions. If people are at all unhappy about anything, let them go into their rooms and comfort themselves with a loud boo-hoo, and they will feel a hundred per cent better afterward.

In accordance with the above, the crying of children should not be too greatly discouraged. If it is systematically repressed, the result may be St. Vitus dance, epileptic fits, or some other disease of the nervous system. What is natural is nearly always useful; and nothing can be more natural than the crying of children when anything occurs to give them either physical or mental pain.

A NEW TIPPLE. A new drink is said to be supplanting gin and whiskey in certain counties in Ireland. The article is a sulphuric ether, obtained from methylated spirit, which is alcohol to which wood spirit and naphtha have been added to render it nauseous. It is largely used for manufacturing purposes, tinctures and other medical preparations being made with it. The ether thus produced retains the peculiar flavor imparted to the alcohol. Nauseous though it is, this ether is extensively and habitually used in Ireland as an intoxicating beverage. The practice began about five years since; one of the causes which led to its use being the laudable efforts of the Catholic priests to induce their flocks to abstain from whiskey; another cause being the cheapness of the new drink. The price of methylated ether is 1s. 6d. per pound, and there are seven and a half pounds to the gallon of alcohol, and one gallon of ether will go as far as three and a half gallons of whiskey. The quantity taken is three or four drachms, unmixed with water, in which it is only slightly soluble. The practice is, first to take a mouthful of water, then to drink the ether, and then to take a second drink of water. Intoxication is more rapid but more evanescent than that produced by alcoholic drinks, and probably differs widely in its character, resembling more the effect produced by the inhalation of nitrous oxide gas. Taken into the system it appears to be all eliminated through the lungs and pores, as no trace is found elsewhere. This new beverage is used chiefly in the counties of Londonderry, Antrim, and Tyrone.

## THE ROW AMONG THE DOCTORS.

THE Doctors of Boston, in conclave assembled,  
 Embracing the learning and wisdom of time,  
 Have shaken their heads, while society trembled,  
 And asked, in amazement, the *name of the crime*  
 That would cast sixty men from the arms of its shelter,  
 Unheeding gray hair or an unspotted fame ;  
 Would cut them adrift, send them forth helter-skelter,  
 In spite of position and honor and name.

Now, was it because in the treatment of cases  
 They did not rely on the old "*chlorid. mit.*,"  
 Forsaking the lancet, yea, even in "*stasis*,"  
 Refusing to blister a man in a fit?  
 Had turpentine handed *en masse* to the painter?  
 Had sent castor-oil to the wheelwright for use,  
 While cries of the suffering grew fainter and fainter ; —  
 Were these the foundations? was this the excuse?

Th' expelling committee were perfect in knowledge ;  
 Each brain was o'erflowing with science and art ;  
 So they ostracized all who came out of the College,  
 Who dared from *their* tenets or creeds to depart.  
 They do not allow one to follow the guiding  
 Of that he in conscience believes to be *right* ;  
 At once they accuse him of fearful backsliding,  
 And quietly push him aside — out of sight.

So in council assembled, the "knights of the bolus,"  
 Neglecting their patients and potions and pills,  
 Shut tightly the doors of their hall, and, all *solus*,  
 Resolved to expunge the Society's ills.  
 And now, as their dignity proudly was swelling,  
 So happy in reaching their acme of bliss,  
 The moment arrived for the wholesale expelling,  
 When in walked the Sheriff and said — "Sirs, read this."

Oh, then, what a scene ! oh, what fearful grimaces  
 Those Doctors assumed, as their plans were all foiled.  
 One would think, as he look'd at their quizzical faces,  
 That each in turn had been right well *castor-oiled*.  
 And never, while yet during lifetime, a function  
 Proceeds in their bodies or minds undisturbed,  
 Will those Doctors forget that most potent *injunction* —  
 The time, nor the manner in which it was served.

Wm. Tod Helmuth.

VARICELLA. — In Chilmark, Mass., this disease is prevailing so extensively that all the schools have been closed. Some of the cases, it is feared, will prove fatal

OZÆNA. — A solution of permanganate of potassa, in proportion of five parts of the salt to one hundred of water, is recommended by a French journal as an injection in the treatment of ozæna. After a few applications the very disagreeable odor was removed, and a cure followed. Would carbolic acid answer?



**MEDICAL GRADUATES.** — The Medical department of Bowdoin College granted twenty-three diplomas last term.

**MALINGERING EXTRAORDINARY.** — A rogue in London has been deceiving the doctors and living luxuriously by feigning paralysis, becoming an inmate of the different hospitals, and securing the best of attention by pretending to make his will leaving a legacy of £1000 to each institution. He has been made the subject of clinical lectures, and in several cases enthusiastic students sat up all night with him to watch and record the minutest symptoms of his case.

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### PERSONAL.

**MORTIMER SLOCUM, M.D.**, of San Antonio, Texas, writes: "This is a very healthy and flourishing city of some 15,000 inhabitants. It is growing rapidly. There is no homœopathic physician here except myself, and I have quit practice. Cannot you send a good live homœopath here? I believe he could do well."

**WM. A. PENNIMAN, M.D.**, lately died in Minneapolis, Minn. He bequeathed the sum of \$30,000 for the establishment of a homœopathic hospital in that city, on condition that \$70,000 more should be added to it from other sources. The offer is to remain open for fourteen years.

**JACOB H. GALLINGER, M.D.**, of Concord, N. H., has been elected a Representative in the New Hampshire Legislature. The State will find itself well served, and Homœopathy well represented, by our friend.

**REMOVALS.** — **IRVING S. HALL, M.D.**, from Hallowell to Gardiner, Maine.

**J. BLAKE ROBINSON, M.D.**, from Gardiner, Me., to New York City.

**J. G. BALDWIN, M.D.**, from 22 East 24th street, to 8 East 41st street, New York.

**E. STEVENSON, M.D.**, from Los Angeles to Brooklyn, California.

**JOHN C. OTIS, M.D.**, from Millbrook to Poughkeepsie, N. Y.

**J. G. GILCHRIST, M.D.**, from Owatonna, Minn., to Tideoute, Pa.

**C. S. ELDRIDGE, M.D.**, to 69 Vincennes Ave., Chicago.

**J. M. BLAISDELL, M.D.**, of Bangor, on account of the illness of his wife, has determined to remove to the Pacific coast, where he will probably settle in San Francisco.

# THE New England Medical Gazette,

FOR 1872. — VOL. VII.

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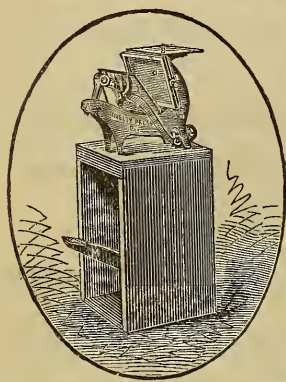
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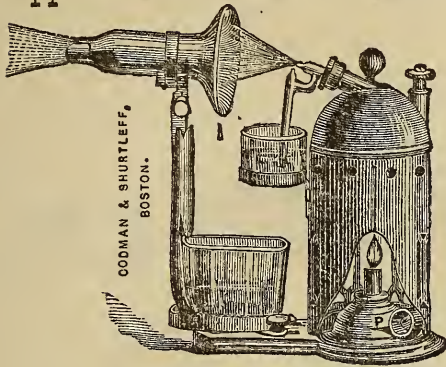
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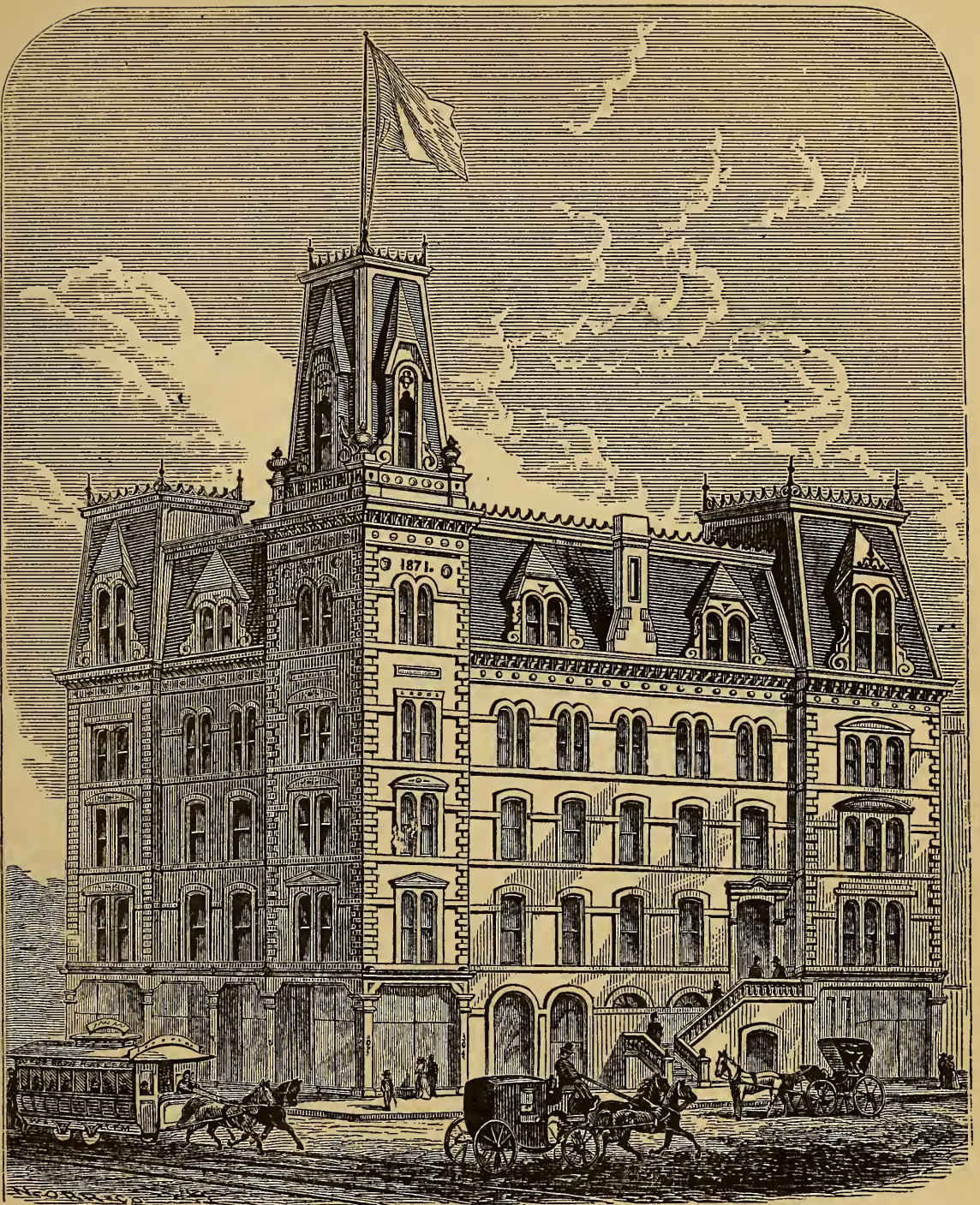
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WILLIAM TOD HELMUTH, M. D.

*Professor of Surgery.*

C. TH. LIEBOLD, M. D.

*Professor of Ophthalmic Surgery.*

F. S. BRADFORD, M. D.

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S. LILIENTHAL, M. D.

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ENOS HALL,

*Janitor.*

In addition to the above corps of Professors, there will be added a number of Lecturers on special subjects appertaining to medicine; tutors to examine; and clinical instructors in the varied practical departments of the College. During the absence of Prof. Bacon in Europe, DR. GEO. F. ALLAN will fill the chair of Histology.

NEW YORK

# Homœopathic Medical College.

---

The next regular term of the New York Homœopathic Medical College will begin on the second Tuesday of October, 1872, and will end on the last Thursday of February, 1873.

The completion of the new edifice on the corner of Third Avenue and Twenty-third Street, which is henceforth to be occupied by this College, in conjunction with the Ophthalmic Hospital, offers for the use of students, one of the most elegant, commodious and conveniently arranged buildings devoted to medical education in this country. It also enables the officers of the College to inaugurate several long-desired improvements in the course and methods of instruction.

The favorable appreciation which the profession has extended to the partial adoption by this College of a graduated and progressive plan of instruction, inspires the Trustees and Faculty to attempt still further progress in the same direction.

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A detailed statement of the character and extent of these improvements, will be published in the forthcoming Announcement.

The location of the College, in the midst of a dense population, and in the immediate neighborhood of several large charitable institutions, furnishes advantages for clinical observation and experience that cannot be surpassed.

The Ophthalmic Hospital, in the same building; the Surgical Hospital, adjoining; and various Dispensaries readily accessible, are daily free to all. At the same time the surgical and other clinics of several Allopathic institutions are open to the students of this College on the same terms as others.

# T E R M S .

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Notwithstanding the additional facilities for instruction (for the accomplishment of which, large amounts of money have been expended) the Faculty have concluded to adhere to the following low rates of charges, which, when compared with those of other medical institutions in this city, offering similar advantages, will place the means of obtaining a thorough medical education within the reach of all.

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For further information address,

**J. W. DOWLING, M. D.,**

REGISTRAR,

58 West 25th Street.

---

## R E T R A C T I O N .

We, the undersigned, ex-Professors of the New York Homœopathic Medical College, desire hereby to withdraw certain charges made by us in a pamphlet published in the Summer of 1871, against the Trustees and present incumbents of the chairs in said Institution.

The said charges were made in good faith, and from information which was believed at the time to be correct and indisputable.

We are now satisfied, from subsequent evidence, that the source from which our information was derived, is unworthy of confidence, and we deem it but an act of justice that the said charges should be revoked. They are hereby revoked.

(Signed,)

JAMES A. CARMICHAEL, M. D.

JAMES H. WARD, M. D.

My name was affixed to the pamphlet above referred to without my knowledge or consent. To this present paper I cheerfully affix my signature.

(Signed,)

F. W. HUNT, M. D.

S. B. BARLOW, M. D.

(By Miss H. E. BARLOW.)

*March, 1872.*



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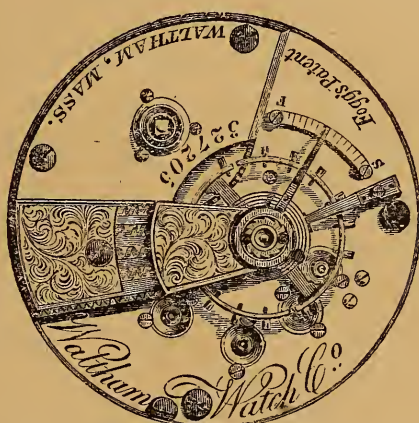


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Homœopathists " . . . . .	156

*In their private practice only, these*

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156 Homœopathic " " " " . . . . .	2,530 "

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No. 7.]

[Vol. VII.

THE

NEW ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,

SURGERY, AND THE COLLATERAL SCIENCES.

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I. T. TALBOT, M.D., EDITOR.

WM. TOD HELMUTH, M.D., SURGICAL EDITOR.

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JULY, 1872.

*“Die milde Macht ist gross.”*

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1872.

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THE  
New England Medical Gazette.

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No. 7.]

BOSTON, JULY, 1872.

[VOL. VII.

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ANNUAL ADDRESS

*Before the American Institute of Homœopathy, at Washington, May 21, 1872.*

BY THE PRESIDENT, I. T. TALBOT, M.D.

IN behalf of the American Institute of Homœopathy, it is alike my duty and my privilege to thank the Committee of Arrangements for the cordial welcome they have given. And let me express the hope that their most ardent expectations will be more than realized in the success which shall attend this meeting, and in its good influence upon the members and upon the entire profession. If this is not attained, it will be from no fault of the Committee who have labored so hard for that end, and also for the personal comfort of all the members. For all this, you, Mr. Chairman, and the Committee have merited and receive our thanks.

Fifteen years ago this Institute held its session in this city; and we cannot but contrast that time with the present. Then, a few earnest, working men came together to compare notes, to report what they had done, and to learn from each other. Now, they come in larger numbers, from the North and the South, from the East and the West; and each one who comes leaves behind a score of brethren who wish also to be here. Then, the whole membership of the Institute was but three hun-

dred and twenty-five. Now it has upon its roll the names of more than one thousand physicians in active practice. Then, its members felt the smallness of their numbers and the comparative unpopularity of their system, and no one presumed or aspired to hope that the Institute would receive any recognition or attention from the city in which it assembled. Now, the meanest citizen would blush with shame if so large a body of devoted and untiring men could assemble without receiving some kindly greeting from the city or from some of its honored inhabitants. And, as the Committee of Arrangements inform us, the executives of the nation and of the District take us by the hand, and recognize us as the representatives of a strong and growing power in the profession. Then, the whole yearly transactions of this Institute were included in a little pamphlet of eighty pages. Now, they annually fill a volume of six or seven hundred pages. Then, the greater part of the Institute work was done in its two-days' sessions. Now, four busy days are crowded with the reports of the various bureaus and committees, which have been hard at work for the year.

Such have been the changes and growth of the American Institute of Homœopathy in the past fifteen years; they have been equalled only by the marvellous changes and growth of this beautiful city. The city's foundations have been greatly extended and strengthened by the storm of war that has raged around it; this society has found, in injustice, proscription, obloquy, and abuse, a hard but invigorating pabulum: both have advanced through the earnest and steadfast support of truth, justice, and right.

In the past year the progress of homœopathy has been greater than ever before. The decision in the Van Aernam case assured to us the favorable consideration of government, and any official must be foolish as well as bigoted who would now think of making a belief in homœopathy a political offence. Most of the examining surgeons who were removed on this account by the late Commissioner of Pensions, have been re-appointed, and other homœopaths have been chosen to similar offices, — ability to fill the position being the test, rather than the medical creed



of the applicant. Political equality affects social status; and this action of the government even made us better friends with our professional opponents than before.

During the past year our State and local societies have been well sustained; their meetings have been large, and marked with an earnestness which cannot fail to accomplish much. There are at present twenty-one State societies, including that of this District, and at least sixty local and county societies. These are of great importance in eliciting statements of the observations and experiences of the profession, most of which, it is true, do not reach the press directly, but all of which benefit more or less the members of the association in which they are reported.

There has, perhaps, never been a year in which homœopathic hospitals have received so much aid as in the last. In New York the Ophthalmic Hospital, which some years since acquired new life by its adoption of homœopathic treatment, has now become one of the most prosperous institutions of that city. It has received liberal donations from various sources, and, but very recently, from one of its generous and noble patrons, Mrs. Henry Keep, the timely gift of \$100,000. The Surgical Hospital has received an expression of public confidence and interest through one of the most brilliant and beautiful fairs ever held in New York, which realized for it upwards of \$35,000. These are but the precursors of other institutions soon to be established in that city.

Since our last meeting, Chicago, that beautiful "Garden City" of the West, has bowed before the flames, and structures which had been reared for coming centuries were in a single night laid low. A nobler structure, one of human sympathy, and human brotherhood co-extensive with civilization itself, rose as speedily; and to-day, Chicago stands hardly less powerful than a few months ago, while humanity has risen higher than ever. Many of our professional brethren were among the greatest sufferers; but they have not failed to receive kindly cheer from their associates, and in return they have succeeded by unbounded energy, not only in retaining their prominent posi-

tion in the profession, but in continuing the publications of those homœopathic journals and books which had rendered Chicago a pleasant word to our school.

If we go through the Western States we everywhere find marks of the progress of our cause, a steady, relative increase in the number of our practitioners, and a still greater increase in the number of their patients. In California, on our western border, State and city societies have been organized. And in this, their first year of united work, they have taken steps to found a charitable institution, while at the same time they have assisted their Eastern brethren in a similar work. They have in the past month held their first public celebration, — that of the birthday of Hahnemann, — and the great success attending it showed the public interest in homœopathy on the Pacific coast. An invitation comes from the members of the California societies to the American Institute to hold its next session with them. Thus they show a good record for the year, and let us trust it is only one year of a long life!

From the extreme west we go to the extreme east of our country. And I confess it is with reluctance, and with mingled feelings of pride and shame, that I speak of my native city and the history of homœopathy there in the last half-year.

Boston, which has sometimes been called the "Athens of America," a place noted for its intelligence and education, but, alas! for its bitter prejudices too; Boston, which tortured witches, banished Baptists, and hung Quakers, and which, in the year of grace 1871, has found among its citizens some who, if not allowed to be as wicked, are more foolish than any who had infested its streets two centuries before! In Boston has been enacted a drama, which — little to the amusement of the principal actors — ended in a broad farce. At the meeting of the American Medical Association, held in Washington, two years ago, two men — certainly not, even with their own class, the most respected physicians of Massachusetts — represented that the Massachusetts Medical Society allowed quacks and homœopaths among its members. They succeeded in turning the prejudices of the Association against the Society, which was threat-

ened with disfranchisement, as the national body would receive no delegates from a society that tolerated the heresy of homœopathy. Angry at first, the Society afterwards thought it best to "eat humble pie" and set itself to do what it had proved to the Association, could not legally be done; viz., to expel these heretical members. I will not give the majority of the Society credit for either sufficient courage or energy, nor do I believe they were sufficiently foolish, to undertake this task; but a few self-appointed leaders rushed forward, with banners flying, prepared for a great victory, which would not only arrest the progress of homœopathy, but forever blast the professional character of its practitioners. This attempt, courageously begun, so conspicuously and ignobly failed that it drew upon its leaders the outspoken, unanimous condemnation of the press, and the contempt of the entire community.

The trial suddenly and amusingly, through the agency of the high sheriff, lost its character of a "star-chamber trial," and was transferred to the Supreme Court of Massachusetts, where we are quite content to await a decision to be reached in due time, satisfied that there, as with the public, we suffer no loss from allopathic prejudices.

The following, from an allopathic journal, describes the feeling of some in the profession in regard to this matter, and it is a little significant that this article was written by the very man who first compelled the Society to this attempt to do what they had asserted, and knew, that they had no legal power to perform. He says:—

And the way in which they attempted it, was the most astonishing marvel of all. A set of snap statutes were contrived, to all interests and purposes *ex post facto* in their character. They offered to the expelled irregulars the privilege of resigning from the Society, which, when asked for in years past, they had denied; and the offenders laughed at them. They threatened renewed expulsion if they did not resign,—and the offenders laughed still more. They summoned them then, individually and by name, before a Board of Trial,—and when met for the purpose of trying them, were themselves served with a legal injunction, and cited by the sheriff to themselves



appear in court. And where was the laugh again? Themselves held up to popular derision, ridiculed in the newspapers, cursed by their own associates, and one of their leaders rendered severely ill from mere chagrin — was, there ever a more pitiable set of wretched beggars, than at present, the Board of Councillors of the Massachusetts Medical Society? Deliberately stirring a hornet's nest, they as deliberately sat down thereon, and there they are sitting still. Heaven pity them if it can. Should they eventually succeed in carrying the technical point that has been made, and in expelling their threescore homœopaths one by one, they will have involved themselves, and possibly the Society also, in a labyrinth of legal proceedings of which no man living may see the end.

He further bemoans the fact that this action has "aroused popular sympathy with the irregulars to such an extent as to divert, during the past year, some hundred thousand dollars, or more, of fees from the pockets of orthodox Fellows."

This trial awakened an interest such as perhaps no medical event ever before caused in a community. For many years the necessity of a homœopathic hospital had been felt in Boston, and one had been recently established on a small scale, which, it was hoped, would eventually grow into a larger institution. In this state of public feeling, a fair in aid of the hospital was instituted, which received such hearty and earnest support that more than \$75,000 were cleared thereby in two weeks; and, with various donations, nearly *one hundred thousand dollars* have been given to the hospital, — thus accomplishing in a few months a work which the most ardent friends of the hospital supposed would require years. But it was not alone in the money thus obtained that our cause was benefited. A still greater aid came in the moral support which we received. Thousands of persons, who for years had quietly derived help from homœopathy, now came forward and earnestly labored in its behalf, and often in friendly contention as to which had been the earlier convert to homœopathy.

Now that this institution is established, these same friends stand ready to begin others. It is safe to predict that, in a not distant session of this Institute, Boston will report the founding

of a medical college and two other much needed hospitals of our school, — a lying-in asylum, and a children's hospital.

Such has been the result, but how was it brought about? It was by the determined resistance of a handful of men — eight only, against a powerful Society of over twelve hundred members — who stood bravely at their post, and appealed not in vain to truth, justice, and right. Had these men tamely submitted to the insult offered them, homœopathy would have received a staggering blow, and many of its warmest friends would have been ashamed and discouraged. The same was the case in the Van Aernam affair. In the unwritten history of that Washington meeting of the American Medical Association before referred to, we can well understand that it was determined that government should give no professional recognition to an advocate of homœopathy.

Physicians, one after another, were removed from office avowedly on the ground of a belief in our law of cure. Our brethren resisted this insult with spirit and determination. They appealed to the people, to know if such injustice should be permitted in our land. The people rose *en masse* and said *No!* And government heard the voice and said *Vox populi, vox Dei*. We have to thank the gallant few of our number who stood up valiantly in our defence, and turned in our favor the tide which otherwise might have drifted us to misfortune and ruin. All honor to them!

But the progress of our science has not been in the New World alone. In Germany, the birthplace of homœopathy, we find it steadily strengthening, even against old-time prejudices, and the bitter opposition of schools wedded to the theories of the past. Last year, after the fierce conflict of the Franco-German war was over, there was no more loyal or cheering gathering than that of the Homöopathische Central-Verein. With a re-formed and nobler Germany they were assured of an infusion of new life into the science of healing. In France, Spain, Italy, and Switzerland there have been established national associations similar to our own; and let us hope that in the future their relations with us will be intimate, and mutually advantageous.

In England, the British Congress has in the last two years held important and valuable annual sessions ; and the discussions of its members are worthy of our study and imitation, and have laid us under obligations to them which we can only repay in kind. The progress which homœopathy has made and is making in England may be judged by the increased number of physicians and the better support given to its hospitals and charitable institutions. At a recent dinner given in aid of the funds of the London Homœopathic Hospital, at which the Right Hon. Viscount Bury presided and was supported by many honorable and distinguished persons, the Chairman, in speaking of homœopathy said : —

But I believe that that medical creed has made greater strides within the last twenty or thirty years than it ever did before. I am not an old man, but I remember the time when to declare oneself a homœopath, or to put yourself under a homœopathic physician, was considered equivalent to declaring yourself in some degree a quack. Now, gentlemen, I say this in an assembly of homœopaths, and I shall not be supposed to mean any thing disrespectful to homœopathy, or to those who practise it. I merely state a fact, and contrast the state of affairs now with what it was twenty years ago. I see that the great majority of thinking men have so far come round to the doctrine of homœopathy, that in the minds of most educated men there is at least a conviction that there is something in the system. That conviction is increasing, and though it does not agree with medical orthodoxy, it is evidently displacing what is now termed such.

Such is the opinion of one of the most honored of England's nobility.

But while homœopathy has made great progress in Great Britain, it has, during the past year, met with a sad loss in the death of some of its distinguished advocates. Among these is Professor Henderson, of Edinburgh, who died April 1st, 1872. There is perhaps no man in our ranks who has suffered so much for his belief in homœopathy. When he adopted it he occupied a prominent chair in the University, and was distinguished for his great ability and valuable researches in science. He was perhaps the most prominent physician in Scotland, and was



deemed the worthy successor of Abercromby at whose request he made a careful examination of homœopathy. In 1845, he published the result of this, under the title of *An Inquiry into the Homœopathic Practice of Medicine*, which contained notes of one hundred and twenty-two cases thus treated. Instead of receiving this in a proper spirit of scientific inquiry, the profession, whose prejudices it opposed, poured upon him a fearful torrent of abuse, calumny, and misrepresentation, which has not ceased even at his death. An English journal says of him : —

In Henderson were united all the qualities which mark the Christian, the scholar, and the gentleman. A man of deep, earnest, but unobtrusive religious feeling. Conscientious to the last degree in the performance of every duty, in the recognition of every obligation ; self-sacrificing to an extent but seldom met with. As a physician, he was not only sound and varied in learning, but accurate in observation, quick in perception, firm and decided in tone, successful in his treatment of disease. His patients felt and placed the most implicit confidence in his skill, while his kind and sympathetic manner attached him still more deeply to them. . . . .

The loss of Henderson to homœopathy is great. His example, however, remains to us, and it is a bright one. Unswerving in his fidelity to what he believed to be true, in the interests of truth, regardless alike of the entreaties of friends, of the prospects of professional distinction, of the emoluments which, in the form of a consulting practice, lay before him, Henderson, during five-and-twenty years, stood out from the crowd of professional self-seekers by whom he was surrounded, alone, scorned, sneered at, and defamed by lying lips innumerable ! Such a character is all too rare at this period of the world's history — far rarer in the profession of medicine than is pleasant to contemplate.

But homœopathy is not confined to the most enlightened countries. It is making its way, steadily and surely, to the more obscure and darker places. Asia, Africa, Australia, and the Hawaiian Islands all welcome the dawning of the new medical light. And, hand in hand with intelligence and Christianity, it will yet encircle the globe and carry its blessing to every human being ; perhaps it would not be saying too much to add, — either directly or indirectly — to every living being ?

In the present prosperous condition of our affairs, what are our responsibilities, and what our duties?

Fortunately for us there are many questions which, at this session of the Institute, we are not to waste our time in discussing. The American Institute of Homœopathy has, in all these matters, decided in favor of liberty and progress, and while some medical associations are still discussing the advisability of placing stumbling-blocks in the way of a large class who desire to enter the profession, this association has cordially extended to them a helping hand, and they are now equals with us in the profession. Believing, as we do, in a grand law of nature which controls medicinal action, we have torn down the barriers with which some desired it to be hedged in, and have placed it upon a broad platform of "liberty of medical opinion and action," satisfied that its inherent truth is its greatest vitality and its best protection. The size of the doses which at one time threatened to divide our school into rival factions, has reached a point where it can be discussed calmly by both parties without ill-feeling on the part of either.

But it is not enough that this medical science should pass through our hands unimpaired. If there is truth in homœopathy, we are the ones to know it; and if we do firmly believe it, and believe it to be God's boon to suffering humanity, then, in Heaven's name, let us do all in our power to spread this divine truth until it is co-extensive with our race, and embraces the entire healing art. If this science suffers detriment at our hands, if it fails to make that progress which it ought, if, through our fault, it does not extend to the entire profession, are we not responsible for health sacrificed and life lost?

What, then, shall we do to advance homœopathy? Without doubt, our first duty is to perfect it, and to perfect ourselves in it. The careful, patient study of our *materia medica*, a selection of remedies in nearest accord to symptoms; in fact, the curing of our patients *cito, tute, et jucunde*, is the only safe road to success so far as individuals are concerned.

But in union there is strength ; and a combined effort, with thorough organization, can accomplish what would be impossible to isolated endeavors. Our national society has stood the test of more than a quarter century, and was never more active, or in better condition, than now. Let us examine and see what it is capable of doing.

Perhaps its most important Bureau is that of *Materia Medica* and *Provings*. From this department have come the careful provings of such remedies as *Rumex*, *Oxalic Acid*, *Phytolacca*, *Podophyllum*, *Ptelea*, *Lilium*, and many other quite important drugs. This is, indeed, valuable work, but how much more of it might easily have been accomplished, had more system been adopted, and followed with persistent energy ! This bureau should be the grand receptacle of all facts that are known concerning any and every medical substance. Every physiological experiment with drugs, every proving, and every poisoning should be here carefully recorded and preserved. Some one or two of the most important and promising remedies should be annually selected and made the special study of the profession ; and when a sufficient number of facts has been accumulated they should be placed in the hands of some careful and competent person to suitably arrange. Thus the work would go on steadily, systematically, and effectively, and year by year we should find our *materia medica* improved by invaluable additions, and our publications rendered indispensable to every practitioner.

Tributary to this work should be the Bureau of Clinical Medicine. It should gather in from a thousand sources the clinical verification of our provings, and also the observations of our physicians, throughout the country, on all zymotic diseases.

The reports of the Surgical Bureau have, of late, been quite extensive and interesting ; but it is easy to see how much fuller they might become. Of the other bureaus and committees I might speak in detail. But we can readily see that each of them owes it alike to its own body and to the profession that its reports should be full, clear, and reliable. But there is one



Bureau that I cannot dismiss so readily. It is that of Organization, Registration, and Statistics. It is a mistaken notion that the principal object of this Bureau is to *organize the Institute*, and to find from year to year what changes can be made in its by-laws. The Institute does not need new by-laws nor different ones so much as it does more work; and the less time we devote to the one, the more we shall have for the other. Permit me to express the hope that this one session will pass without any legislation on by-laws. But this Bureau has a broader scope, and a more useful mission. While a very few of our States are thoroughly organized, with State and county societies, and twenty of them have State societies, most of which are incorporated, still in seventeen — nearly one half — no such societies have ever been founded. In every State we should have a chartered society which should become the political guardian of the professional interests of its members. To aid in this work, to suggest ways and means by which these societies can be made interesting and valuable, to stir up members to a sense of their duty, to encourage local societies wherever a few physicians reside near each other, to give information regarding the establishment of hospitals, infirmaries, dispensaries, etc., to aid our colleges in their efforts for the profession — all this comes strictly within the scope of the bureau of *Organization*. Then, too, the *Registration* of all our practitioners in the United States would render our associates more accessible to each other and to medical communications. The annual reports of all our institutions come properly to the department of *Statistics*, and how many valuable and important facts might be here gathered, which would be of practical and permanent importance to our cause! I would be the last to speak a disparaging word of what this bureau has already accomplished, but I think none will admit more readily than those who have been members of it, how much more it might have done.

By thus improving all its departments, this Institute may be strengthened and improved, and made a daily working body, giving vigor to all the associations and institutions with which it is connected.

The future of homœopathy is bright before us. Thousands of helping hands are extended to aid us in our efforts; we have only to reach forward and clasp them. The harvest will some day come, but we shall reap just in proportion to the faithfulness with which we sow the seed and cultivate the ground. Great as is the power of this Institute, and important as its influence upon the profession may be, we can all see difficulties and dangers by which it is surrounded. Composed of members of a profession, the nature of which tends to render them peculiarly sensitive to their own reputation, if not jealous of that of others, it is of the highest importance that in this association we should lay aside personal feeling, and seek only, in our relations with the Institute or its members, the good of the profession and of our race. Our working committees, if we would have them efficient, must be comparatively small, but there is room for every one to assist them. And in order that the bureaus and committees should be efficient, let me ask you to aid the Executive Committee by presenting the names of the most worthy, efficient, and reliable workers in your own section of the Union.

Fellow-members of the American Institute! We have come together from long distances, have laid aside for the time the heavy cares and responsibilities which rest upon us, not for our personal interest or pleasure so much as for the advancement of medical science and the welfare of mankind. As I look about me, and see heads bleached by well-spent time and deep thought, — men who have been faithful to their profession for more than half a century, when I think how many a valued life has been trusted to their care, how many a father's benediction and mother's prayer have been showered upon them, how many sleepless nights they have passed, how many anxious moments, into which the weight of years seems crowded, — points of time when the two worlds seem blended, and the two angels, of life and death, together come flitting by the good physician's side, — when I think of all these cares and duties, which you have faithfully borne, then do I indeed realize the sacredness of our profession.

If by our meeting here, we may—as we surely can—acquire increased power, if we here learn to relieve the sufferings and save the lives that are so dear, so valued, then shall this meeting not be in vain. If we are faithful to our duties, the American Institute of Homœopathy will, with advancing years, become a name cherished alike by its members and by the community.

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### CASES TREATED WITH HIGH POTENCIES.

*Read before the Worcester Co. Homœopathic Medical Society.*

BY GEORGE R. SPOONER, M.D., OF WARE, MASS.

CASE I. August 5, 1870. Was called to the child of Mr. G. It was born at the seventh month, and now, when eight or nine months old, weighs about eight pounds. Found it fretful; mouth very sore on taking the bottle. It had a diarrhœa, with greenish discharges and much pain. Every movement of the bowels was attended with crying. Gave *Cham.*<sup>200</sup>, every two hours. The first night after taking the medicine it slept better than it had since it was born, and in a week its mouth was well.

Somewhat later in the season, the child had an attack of dysentery, which *Merc. corr.*<sup>200</sup> cured. After this, *Silicea*<sup>200</sup> was prescribed, in order to eradicate whatever psoric taint there might be in the system. Six months after, I should not have known the child; it was fleshy, and as well as we could wish.

CASE II. Miss A., twenty-four years old, had been permitted when three years of age, to eat all the candy she wished, which so deranged her stomach that she has suffered from it ever since. She would have a “fit” as they expressed it, whenever she was a little irregular in her diet. The eyebrows would begin to twitch, and in a moment she would become insensible, and know nothing until they had “brought her to.” Medical advice—allopathic—from far and near had failed to cure her. At last, their family physician prescribed strong doses of



stramonium tincture, made by macerating for a week one pound of the ground seeds in alcohol and water, two quarts each. She began with a few drops at a time. From time to time she was obliged to increase the doses, until, when I first began treating her, 6 Feb. 1871, she was taking eight teaspoonfuls at night on retiring, a tablespoonful immediately after dinner, and occasional extra doses if she felt worse.

When I began treatment, she left off all but her nightly dose. I thought best not to interfere with that. She would suffer, at times, with a great deal of distress in her stomach, especially if she worked hard, or after singing. She could not tell what articles of food hurt her, for she took the stramonium after eating, and that stopped all trouble. I have given her, as I thought they were indicated, *Arsen.*, *Bry.*, *Lycop.*, *Nux mosch.*, *Nux vom.*, *Puls.*, and *Sulph.* For a long time she has had no distress in her stomach; she has left off three teaspoonfuls of her stramonium at night; takes none during the day. The menses have become more regular, and she has a good prospect of ultimate recovery.

CASE III. January 22, 1871. — Was called to see Mrs. P—. Found her suffering from a severe attack of diphtheria. Her nose was entirely filled with the membrane, and the right tonsil and the back part of the throat covered with patches. No soreness on left side. There was intense headache, high fever, rapid pulse, great soreness all over the body, and great pain on being moved.

I gave her a powder of *Lycop.*<sup>6000</sup> daily. In forty-eight hours she was decidedly better, and in a week she was almost well of her diphtheria. I made no local application whatever. In all my cases of diphtheria where it commences on the right side, *Lyc.*<sup>6000</sup> has invariably cured, and more quickly than I could have expected with anything lower. *Lachesis*<sup>200</sup> has cured, in a few days, those cases that commenced on the left side.

CASE IV. Rev. Mr. T. sprained his ankle when a boy; has been troubled with it at times ever since. Being in my office one day, he told me of it. I gave him one dose of *Rhus*

*tox.*<sup>75,000</sup> (Fincke). He has felt but little of his lameness till since he finished haying. He told me last Monday that he would like another dose of the medicine.

CASE V. Sept. 19, 1871. — Was called to see Mr. S., a tailor by trade, seventy-four years of age. He had been troubled with sciatica in the left limb for five years. He had tried all the allopaths in town, who treated the case with cupping, blistering, etc. A doctor from New York inserted a seton, but all was of no avail; he grew worse year by year. Since he was first taken, his foot has been numb all of the time, but the acute pains did not trouble him except in the summer, and each year they came on earlier than in the preceding. In the winters he felt no pain whatever, but had the numbness the same. I found him complaining of pain in left sciatic nerve nearly all the time. Some of the time the pain was dull, but usually very sharp. When he kept perfectly quiet, he felt them but little; but upon any motion he was seized with the sharp, acute pains. He was obliged to sit on his right hip, and lie on the right side in bed; for sitting squarely, or lying on his back would put him in pain. It was an impossibility to lie on the affected side. In the morning he was obliged to lie down and rest, when half dressed, till the pain was easy, then he would finish. The pain in his left hip was very sharp, like that of a knife plunging into it, and he felt it especially when dressing. He was in pain during his meals. His foot was cold, as though on ice. The pain was relieved by lying on the right side, by perfect quiet, and by external heat. During the hot weather last summer, his wife was obliged to make up a hot fire in the night, so that he could obtain relief from the pain by heating his foot. The pain was aggravated from motion — even from using the arms, — from cold, rainy weather, and northeast winds, from pressure, and from standing or letting it hang down.

I began treatment with *Nux v.*<sup>200</sup>, a powder each day. Two days after, I gave *Bry.*<sup>1000</sup>. I kept him on *Bry.*<sup>1000</sup> and <sup>2000</sup> for some time, giving one powder of the medicine daily. He soon had less pain, and could walk more comfortably. He would

find himself nights lying on his back without pain, and shortly after would wake up and find himself on his left side, without pain. He gradually improved; the pain grew less, the coldness disappeared, and at last the numbness diminished.

He has kept on improving under the 30th, 200th, 75,000th potencies of *Rhus tox.* For the last few days, he has had no pain whatever, could not discover that his left foot was any more numb than the other. He could work all day, take care of his garden, and take long walks, all without pain.

He is now enthusiastic for homœopathy, but not a particle of faith had he when I began the treatment. He tells his neighbors and friends that he is well, and that the benefit is all due to the "little pills and powders."

*Causticum*, when indicated for coughs, which it fails to relieve in the 30th potency, may effect a cure within a few days if used in Fincke's 6000th. Such has been my experience.

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## CLINICAL CASES.

BY R. R. WILLIAMS, M.D., OF NO. VASSALBOROUGH, ME.

*Read before the Central Hom. Med. Association of Maine.*

LEUCORRHŒA. — Thin, watery, *fetid*, profuse, debilitating; follows the menstrual flow, and lasts two weeks. Patient of spare habit, dry, dark skin, dyspeptic, constipated; menses occur every twenty days, last six or seven days; profuse at the commencement, gradually decreasing. Uterus low in the pelvis; os and cervix enlarged and indurated. *Sepia*<sup>200</sup>, a dose at night for two weeks, removed this short catalogue of ills.

CHRONIC DIARRHŒA. — Patient a short, stout, robust farmer, predisposed to "bilious troubles"; has had diarrhœa eleven months; is much emaciated. Stools of greenish water, of muddy or dirty water, profuse; discharges "like water running from a spout." In the morning, as soon as he moves, two or three urgent stools. Aggravated by eating meat or vegetables,



and by walking. Before stool there is a loud rumbling and gurgling in abdomen, as of water, seeming to start from the stomach; this same rumbling, less noisy, continues awhile after stools. After stool he has a *faint, weak, hungry feeling at the stomach*: there is a *dull aching across the umbilical region, nearly all the time*, but worse during and after stools; with soreness under the ribs of the left side, and pain and soreness of the upper abdomen. There is a canine hunger,—no thirst.

*Aloes*, <sup>200</sup>, *Pod.* <sup>200</sup>, *Nux v.* <sup>200</sup>, did no good. *Leptan. virg.* relieved the pain at the first dose, and a four-days' use of the drug cured the diarrhœa.

INFANTILE MARASMUS. — The patient was a boy of eleven months, "brought up on a bottle"; has cut the two lower incisors. Tongue mapped; the buccal cavity very red and raw-looking, as are also the red spots of the tongue. The face has the color and general appearance of that of a very aged person; extreme emaciation, marked *in the neck and extremities*; skin of a dingy, yellowish, livid hue, hangs loosely on the arms and legs, like an outside garment. Whatever is taken into the stomach is vomited soon after eating, sometimes sour when ejected, at other times unchanged. There is watery, light-colored or pale-greenish diarrhœa. The abdomen is distended. The child keeps up a constant moaning whine; is restless, only sleeping while being carried with the head thrown over the shoulder of the bearer; has, in the night, severe colic pains, which occur very rarely during the day. *Nat. mur.* <sup>200</sup> soon changed the whole condition, and the boy is now fat and apparently healthy. A few pellets of *Cham.* <sup>200</sup> were given to quiet the nocturnal colic. Diet, raw milk.

COUGH. — The patient complains of a short, dry, frequent hacking cough, from a feeling of heaviness across the upper part of the chest. *Talking tires the lungs. She feels tired all over*, —very tired on awaking in the morning. Pressing on the throat-pit causes the inclination to cough. There is very little expectoration in the morning, of white saltish mucus. She has a stooping gait. Her appetite is fickle, food all tastes alike; she has an aversion to sweets, and craves salt fish; has

thirst for cold water, especially at evening. She has constipation, and painful, sore, bleeding piles; is restless, falls asleep late; is very weak. The least exercise produces the tired aching of the chest, and increases the cough. She feels generally better at evening. *Sulph.*<sup>200</sup>, one dose, produced such prompt relief of the chest symptoms that its action was left undisturbed for eight days, when the patient declared herself well in all respects. The menses had reappeared after a suppression of two months.

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## OPHTHALMIA.

BY DAVID HUNT, JR., M.D., WORCESTER.

*Read before the Worcester County Homœopathic Medical Society.*

THE first form of this disease, simple conjunctivitis, needs no description here; it is only important to distinguish between this affection and that in which the subconjunctival tissue is affected. In catarrhal ophthalmia, for I shall use this term instead of *conjunctivitis*, the red or scarlet vessels are seen running over the white, shining sclerotica, and they are movable upon it. In cases in which the subconjunctival tissue is affected, the vessels are of a pinkish color, and are not movable upon the sclerotica; the distinction is important as to prognosis, for episcleritis is an obstinate disease, and liable to relapse.

The treatment of catarrhal ophthalmia should be both topical and constitutional, at least in our school. During the acute inflammatory stage, all agree that cold wet compresses are very useful. Dr. Payr likes dry warmth, topically applied. Smoke, dust, bright or sudden light, sharp air, and stimulants are to be avoided. After the acute symptoms have been subdued, the time for astringent collyria has arrived; and here it is, I think, an undecided question whether the applications of sulphate of zinc and nitrate of silver are needed as often as they are used. Dr. Angell advises *Arg. nit.*, a grain to an ounce of water, and, if this does not suffice, ten grains to the ounce. As internal remedies, he says that *Con.*, *Arsen.*,



*Nux vom.* are suitable, as in other catarrhal affections. If strong applications like these are used, I think that we should remember that competent oculists have repeatedly stated that they cause xerophthalmia and diphtheritic conjunctivitis, and should exercise caution accordingly.

Dr. Angell, in his work on diseases of the eye, fails to give in this disease that attention to individualizing the remedy which an ordinary physician requires and expects, from so accomplished an oculist. Dr. Payr, an equally good authority, in his articles on Diseases of the Conjunctiva, in the *All. Homöop. Zeit.*, says nothing of the collyrium of *Arg. nit.*, but speaks of using an opiate lotion in bad cases, with a stimulating foot-bath. His indications for remedies are as follows: *Acon.*, if patient is restless; also, every two or three hours, in serous infiltration; *Apis*, if the lids are swollen, with restlessness, heat, and sensitiveness to external covering.

*Bell.*, if subjective symptoms are severe; as congestion, aching and heat in the eye, contracted pupil, photophobia, spasms of lids, sleeplessness, etc. *Euphrasia* is indicated after the first stage, for lax, ecchymosed tissue, watery mucus, or milky secretion.

*Mercurius*, in bad cases, with great swelling of lids, sensitive to touch, worse before midnight, and no relief from sweating.

In the chronic form of this disease, *Euphras.*, *Arsen.*, *Hepar sulph.*, *Merc.*, *Sulphur*, *Staphysagria* are to be used according to their indications. *Merc. precip. rub.*, is a favorite in old cases. *Arnica*, *Bry.*, *Conium*, *Crocus sat.*, *Graph.*, *Hydrastis* and *Ignatia* are all to be thought of, and are good.

Dr. Macfarlan, of Philadelphia, speaks very highly of *Rhus tox.*, in violent inflammation of the right eye.

Mackenzie thinks that a lotion of one grain of *Merc. corr.* with six of *Ammon. mur.* in six ounces of distilled water is very good in such cases; a tablespoonful of this lotion, with a tablespoonful of hot water should be used in fomenting the eyes three or four times a day in mild cases; in a more severe case, it should be applied over the whole conjunctiva. Cerate, or cold-cream will keep the lids from sticking together.



The strongest lotion recommended by Dr. Wells in the worst cases contains from four to six grains of *Arg. nit.* to an ounce of water.

Dr Wells insists on the contagiousness of catarrhal conjunctiva, and supports his position by good proofs.

The treatment of purulent ophthalmia, gonorrheal ophthalmia, and ophthalmia neonatorum is so nearly the same that I speak of them together. Purulent ophthalmia may or not be a continuation of catarrhal ophthalmia. The appearances are well known. The treatment in the first or inflammatory stage should begin with the application of cold wet compresses, or dry and warm ones. If only one is affected, the well eye should be carefully bandaged to protect it from infection. Dr. Graefe recommends the following mode of accomplishing this: charpie or cotton-wool should be applied over the eyelids and held by diachylon plaster, the edges to be fastened down by collodion, so as to exclude air. This part of the treatment applies to the three forms; the compress should be removed twice daily to examine the eye. If it is infected, the compress should be discontinued, and a drop of weak solution of *Nit. arg.* or *Tinc. sulph.* should be at once applied.

The danger of corneal ulceration must not be forgotten. We should carefully examine the eyes; a firm compress will prevent the friction of the lids on the cornea; the eyes should be syringed out either with warm water, warm milk and water, or a very weak astringent injection of zinc or alum, every hour, or as often as convenient, even during the night; the injections should be used every two or three hours; when the discharge is copious and the symptoms of true purulent ophthalmia are pronounced, *Argent. nitr.*, ten grains to an ounce of water, should be used.

In the allopathic school the constitutional remedies are very few: tonics in debilitated cases being generally the extent of their medication. Wecker has advised calomel in small doses in the ophthalmia neonatorum. In our own school, Leadam recommends *Acon.*<sup>30</sup> and *Zinc.*<sup>5</sup>, in the purulent ophthalmia of infants; and Dr Preston, *Arg. nit.*<sup>30</sup>. Wellebrandt, advises

*Secale corn.* for pustulous conjunctivitis; Payr would give *Acon.*, *Apis*, *Euphras.*, *Merc.*, and *Hepar. sul.* Angell says he prescribes *Hep. sulph.* and *Merc.* in profuse purulent or muco-purulent secretions; *Arsenicum* frequently in cases complicated with ulceration of cornea; and *Cimicifuga* and *Hydrastis* in cases complicated with ciliary irritation. Payr recommends *Ignatia* for this ciliary irritation. When granulations complicate the disorder, Dr. Payr recommends electricity, but does not say in what form. In a case where everything else had failed, he effected a cure by applying it fifteen minutes at a time, daily for nine weeks.

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## THE INDIVIDUALITY OF THE SYMPATHETIC NERVE.

BY PROFESSOR SCHIFF.

TRANSLATED BY S. LILIENTHAL, M.D., OF NEW YORK.

THE question of the dependence of the sympathetic upon the brain and spinal cord or its independence is still unsettled. Molinelli and Petit observed as early as in the last century, the influence of the sympathetic on the eye; Valentin and others have shown that the division of the cervical part contracts the pupil, whereas an irritation of the same part dilates it. Wagner also proved that in the first case the eyeball somewhat withdraws itself into the orbit, and after irritation it protrudes, as in exophthalmos.

Budge and Waller showed that the irritation of the centrum coeliospinale in the spinal cord produces the same phenomena as the irritation of the cervical part of the sympathetic, and argued therefrom the possibility of its origin from the spinal cord. Prof. Schiff goes further, and proves that the division of the medulla oblongata produces the same manifestations as the division of the cervical part of the sympathetic, and that therefore the medulla oblongata is the original point of these manifestations.

Another function of the sympathetic, according to Valentin's observations, is the vasomotoric contraction of the capillary

vessels, and the increase of the pressure of the blood during irritation, and the dilatation of the blood vessels and diminution of the pressure of the blood after division. Setting aside those cases, in which the spinal nerves exert a vasomotoric influence, Schiff tries to prove by experiments, that the origin of the vasomotoric activity ascribed to the sympathetic, may be continued into the cerebro-spinal central-system.

Schiff positively denies the influence of the sympathetic on the cardiac muscles, and he also asserts that the peristaltic motions of the bowels are modified by the spinal cord according to the mode of irritation, when we irritate the dorsal portion of it. This influence ceases after division of the splanchnic nerve. Schiff considers nutrition a chemical process, in which the influence of the nerves is indirect, and limited to the activity of the blood vessels. Secretion takes place in many glands under the influence of spinal nerves; in other glands secretion is stopped under the influence of the sympathetic. In such a case the nerve fibres producing a contraction of the blood vessels emanate from the sympathetic nerve; those acting in dilatation of blood vessels, from the central nervous apparatus. As both originate in the medulla oblongata, it may be taken for granted, that here also the sympathetic acts only as a conductor of the function exercised by the medulla oblongata.

After showing that trophical processes are also under the influence of the animal nervous system, he produces cases where the vegetative nerve, the sympathetic, exercises the functions of the animal nervous system.

*Giornale L'Imparziale X. 1870.*



## Surgical Department.

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WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

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### HOMŒOPATHIC SURGERY.

BY E. B. DE GERSDORFF, M.D., BOSTON.

*Read before the Massachusetts Homœopathic Medical Society.*

IN the circular note from the Committee on Surgery, each member is earnestly requested to forward "reports of cases of surgery operated upon, or cured without operation," adding, "it should be remembered that all surgical cases, so called, which are cured by remedial agents in the shape of drugs are quite as much to the credit of homœopathy as those which have been cured by the knife."

Although I do not quite follow the logic of this note, and hold the opinion that it is not merely *quite as much*, but *mainly* or *solely* to the credit of homœopathy to cure a case without the knife, and solely to the credit of the surgeon as such, when a successful operation is performed without drugs, yet I am, on the whole, gratified by the spirit with which, evidently, this note was sent to the members of this Society. At the last meeting, in April, you will recollect that I made an unsuccessful motion having the same end in view; I failed, probably, because I did not make myself sufficiently understood. I should feel quite satisfied, however, if I should think my remarks in April had, after all, some effect upon the minds of our esteemed Committee on Surgery. For my part, I have never denied — nor do I now deny — the great importance of surgery, and of external treatment in general, and of many of the so-called adjuvantia, — only give to each its right sphere. The thousand improvements and new contrivances which are constantly being introduced — some based on a valuable and new invention, and others brought forward surreptitiously, for purposes of trade or to bring the introducer into note, — show at

least a great activity, and a restless, if not a progressive spirit, in this branch of the healing art. The so-called allopathic school, especially, exhibits evident signs of life in this line ; perhaps the more so, because their medicinal treatment shows no improvement, and their pharmaceutical research confines itself to the discovery and application of new anæsthetics, the faith in the existence of all laws of cure by drugs being abandoned by them more and more. Important, therefore, as I hold the cultivation of surgery to be to every physician in practice, it is evident to me that the external or surgical treatment has, in the old school, an antagonistic relation to any rational internal treatment by drugs, not only in each individual case, but in its general bearing. The more reliance a practitioner may feel on the one, the less he will have on the other, and *vice versa*. Now, I ask, on which does the homœopath mostly rely? Wherein lies his strength in healing the sick? Where can he best show his efficiency? Which, therefore, should be the principal aim of his studies and of his discussions, — surgery or materia medica? In my opinion, if the future development of the healing art in all its branches and in all its subsidiary performances should show two opposing camps or schools, they will not be merely those of homœopathy and allopathy ; but the allopathic camp, in which the material or surgical element prevails, will become the platform of all those who have no faith in inward treatment by drugs ; and the homœopathic school will include all who acknowledge a law of cure and a healing effect of drugs, and a vital power of the organism. This school will ultimately become the centre of all kinds of rational medical treatment. And the more this separation or distinction is established, the less dispute and enmity will exist between the two camps ; but they will have to go hand in hand in their common work to heal the sick, instead of openly despising each other, as they now do, and secretly longing after each other's treasures of knowledge and skill. Then only will the two great branches of the art of healing, therapeutics and surgery, become complementary to each other, and will no longer be antagonistic.



The means and the instruments within the reach of the healing art are too multifarious to allow one single man to become an adept in the use of each and all, and the field of medical science is so enormous at this day, that one man has enough to do, when well cultivating only one part of it. *Non omnia possumus omnes*. By degrees, each student and each practitioner will find out his special tendency and adaptibility, whether to mechanical and material, or surgical work, or to the internal, analytical and comparative work of drug-indication; and each will follow with greater pleasure and success, the one of his choice. For the present, the division into surgery and therapeutics, such as I have pointed out, can not exist, because of the hostility which there is between the adherents of so-called allopathic and homœopathic practice. The war is waged with too much feeling to allow a fair comparing of notes, and we have not as yet got beyond the era of recrimination. Therefore we have to cultivate surgery in our ranks, and to make it even an object of discussion and instruction at our homœopathic meetings; but it must there necessarily take a subordinate rank, and the teachings derived from the discussions ought rather to serve to push back surgery to its legitimate sphere of action, and to vindicate and claim such cases for internal homœopathic treatment which surgery elsewhere has seized upon through want of faith in, or knowledge of, homœopathic treatment.

It is with these views that I beg to be allowed to report, through your Committee of Surgery, a case which came under my care while attending for three months at our Homœopathic Hospital, at Burroughs place. For it was received *prima facie*, as a surgical one, though it yielded to the milder power of drug-action according to our method.

Miss D. B., *ætate* 30, was admitted to the Hospital, March 6, 1871. She had been a very bright, precocious child, with brain largely developed, and with a tendency to nervous excitement and to congestion of blood to the head. In her fourteenth year she was thrown from a carriage and received a violent blow on the lumbar part of the spine. This was immediately followed by paraplegia, affecting both lower limbs,



and lasting more or less completely for seven years. The shock was also followed by a violent reactionary fever, producing severe and extensive peritonitis, and resulting in an abscess in the left ovarian region, which discharged purulent matter for three years and finally closed. Other subsequent troubles were congestive dysmenorrhœa, with severe labor-like pain during the period; and prolapsus ani, to the extent of several inches, which was finally relieved—but not entirely cured—by excision, and afterwards returned again. At that time she lived in the country, and the treatment was without a plan or method. She changed from one physician to another, and sometimes suffered under the indefatigable but inexperienced direction of her father. The treatment consisted mainly in external derivative measures,—vesicants, cauteries, and moxa. Nothing produced any decided change for the better. Electricity and galvanism were used without avail. Finally, when no longer anything was done with the intention of curing her, she improved slowly,—so that, by a subsequent energetic and methodical rubbing and straightening of her legs by main force, she was enabled to walk about a little on crutches. The treatment was then only external—the application of splints and bandages to the contracted legs—and was attended with the most excruciating pains. For a while the limbs were forced into iron stove-pipes which served as splints. The real free use of her legs was not restored, and even while she was able to walk about, they were without warmth and sensation up to the thighs,—not even the pricking of a pin could be felt. Meanwhile she had become a woman, fully developed in mind and body, and was gifted with great hopefulness and perseverance. Her ambition to assist her widowed father by housekeeping carried her too far, and bodily over-exertion and mental excitement brought her, after some years of comparative ease, back again into a deplorable state of complete helplessness, with a return of the contraction of the lower extremities, attended again by many consecutive ailments. Dysmenorrhœa and leucorrhœa were particularly troublesome; also there was occasional displacement of the uterus. A vigorous

local treatment by cauterization was now advised by a distinguished allopathic physician for her uterine symptoms ; this was followed up for several months, but it resulted in producing many additional hysterical and reflex symptoms, without the least local improvement in the uterine sphere ; so that when she finally resolved to ask for admission at the Homœopathic Hospital her state was indeed pitiful. Almost all the muscles of the lower extremities were steadily contracted ; they could be moved a very little, but only by the help of her own hands or by those of another. The knees were close to the sternum ; the heels pressed against the coccygean region, and created great soreness there. All tendons, but especially in the fossa poplitea were hard and rigid as bone, and looked as if nothing but the knife could ever lengthen them and stretch them out again. The toes were bent in, and some of the nails were as long as eagle claws and had grown into the flesh. A hand could hardly be passed between the thighs and the abdomen. Her digestion was very faulty and irregular, with constant vomiting and regurgitation of food ; either the bowels did not move, or the stools were very watery, mucous, or bloody, and were mixed with indigested food. The bowels were greatly distended ; she had severe pain in the coccygean and plantar region ; also alternately along the spinal column or following one or the other of the sciatic nerves ; there was great sensitiveness to the touch everywhere. Painful menstruation with hysteric symptoms, alternate leucorrhœa and menorrhœa continued three months ; prolapsus ani existed to a considerable extent, and caused a constant mucous discharge.

Evidently all these ailments were, in a great measure produced by the unnatural position into which the whole body, with all its internal organs, was forced by the reflex symptoms of contraction ; and this in turn, resulted from a mechanical injury in the first place, which had caused a chronic disease of the whole spinal system. The treatment was at first palliative ; it was directed towards some of the worst ailments, resulting from the paraplegia and contraction.

March 6, 1871.—Great prostration and chilliness ; constant vomiting. *Arsenicum*.

7.—No improvement; labor-like menstrual pains. *Viburnum*.

8.—Better as to menstrual pains; painful stools, with tenesmus. *Rhus tox*.

10. Cramps in lower limbs. *Gelsem*.

13.—Pain and cramps less. Application of cold water on the spine brought no relief, but much general distress. *Bellad*.

14.—Severe pain in hips; cardialgia. *Ign*.

15.—Better; continued the medicine.

16.—Cramps, vomiting. *Sepia*.

18.—Better; continued medicine.

19.—Mental excitement, with delirium. *Hyos*.

20.—No improvement. *Chloral*.

21.—No improvement. Vomiting, prostration, pulse very low. *Arsen*.

25.—Bloody and slimy stools. *Antim. crud*.

27.—Constant nausea; delirium. *Verat. vir*.

28, 29, 30.—Delirious, hysterically excited; eyes turned upwards. *Stramonium*.

31.—A little better; continued medicine.

April 1.—Menses set in with pain, relieved by *Viburnum*.

2, 3.—Breasts swollen and inflamed. *Phytolacca*.

5.—Better as to breasts; craving hunger, vomiting, palpitation in region of the stomach. *Sepia*.

6, 7.—Improved as to symptoms of digestion; continued medicine.

8, 9.—Consciousness returning more and more; backache. Continued *Sepia*.

10 to 15.—Headache; cramps. *Sepia*. *Secale*.

16 to 19.—Patient somewhat stronger; wishes to have her limbs straightened by main force. *Secale*.

20 to 26.—Return of lentergy; occasional vomiting; albuminous leucorrhœa; vomiting. *Puls.*, afterwards, *Sepia*.

27 to 30.—Nausea and vomiting. *Iris. vers.*, *Nitr. acid*.

May 1.—Delirious again; prostration; swollen abdomen; lenteric stools. *China*.

At this critical state, having from the beginning believed that



the cerebral and spinal symptoms, rather than the constant muscular contraction and paraplegia which attended them were the most important indications of the underlying pathological state, which caused all other troubles, I resolved to cease from palliatives, and prescribed *Zincum metall.*, every morning, interrupting or alternating with other medicines as rarely as possible.

2 to 6. — Cerebral symptoms better, consciousness returns, abdomen swollen, lenteric stools. *China*.

6. — Better. Continued *China* and *Zinc*.

12. — Severe tenesmus. *Aloe*.

13. — Bloody stools. *Hamamelis*.

14 to 16. — Prostration, lenteric stools. *China*.

17. — The same. *Ferrum carbon*.

18. — Improvement; patient takes food and retains it.

19-22. — Patient wishes to be stretched out, and feels stronger. Continued *Zinc*.

23. — No vomiting, no pain. She is impatient about the stretching of limbs. *Zinc*.

24-27. — Menses with pain and dizziness. *Verat. vir.*, *Zinc*.

28 to June 2. — Improved; digestion better; prolapsus ani has disappeared. Patient begins to move the hip-joints, so that her knees stand off from the chest several inches farther. Evident relaxing of the hard tendons near the joints. *Zinc*.

June 8. — Considerable motion in the joints. Every day repeated rubbing of the limbs is ordered.

June 11, 12. — Owing to a severe fright (matron becoming insane), and to a sudden effort to reach and shut the door at the foot of her bed, hæmorrhage from bowels set in. Yielded to *Hamamelis* and *Opium*.

13-16. — She improves; moves the toes and ankle joints without her hands. *Zinc*.

17. — Gets on her knees and works constantly on her lower extremities with her own hands to stretch them. She is very impatient to be straightened, and to be splinted, but on consultation with surgeon of hospital, we resolved to continue medicine without surgical interference, but rather a "masterly inactivity," except rubbing and bathing. *Zinc*.

20. — Inflamed throat and breasts. *Phytolacca*.

24. Better. *Zinc.*, daily one dose, has been given regularly since May 2d. From that time until discharged, she improved daily in her locomotive power as well as in her mental condition. She began to walk on crutches with somewhat bent legs, on June 20th, but soon threw them aside. Splints were now applied, her legs being almost straight, with the purpose to give support, and more to please her than because they were considered as necessary to the cure. The patient begins herself to come to the conclusion that a radical and vital change has been produced in her body, by something different from, but more than, the inconsiderable outward treatment she has had.

24. — Breasts and throat inflame and swell again. *Phytol.*

26. — Improved; walked down stairs without crutches or assistance. Throat still sore. *Phytol.*

A fortnight later she left the hospital, still improving, with occasional slight drawbacks. She continued to improve for two or three months when we heard from her that she was married.

*Remarks.* The *Zinc. met.* was given in the third trituration. All other medicines (from April 1st to June 30th) in the so-called low dilutions, namely, 2d or 3d decimal. I was led to the selection of *Zinc. met.* by the similarity of its pathogenesis to the symptoms of the patient, especially as regards the alternating cerebral spinal and uterine symptoms.

*Query.* Was a homœopathic cure effected in this case?

When we compare the only partial and incomplete recovery of Miss B. from her first attack, after seven years' suffering, although then younger and stronger, while under merely surgical or external treatment, with the gradual but steady and thorough restoration to the use of her limbs, nine years later, from a state of utter helplessness and excruciating suffering, and take the improvement of all the consecutive ailments into consideration, and that by homœopathic treatment only, I think we have full reason to come to the conclusion that the cure was produced according to that method which teaches us

to look for remedies to a disease among those agents which produce similar symptoms.

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## OVARIOTOMY.

BY WM. C. DAKE, M.D., NASHVILLE.

THE frequent reports of operations to extirpate ovarian tumors are making every reader of our journals familiar with the points and details of what has proved to be a grand forward step in the art of saving human life.

It is not long since few physicians cared to recognize an ovarian tumor; most of them felt quite satisfied to pronounce the abdominal swelling "a dropsy," and to stay the approach of death by tappings, more and more frequent, and fruitless at last. Now the practitioner — especially if located in any of the more enlightened parts of the country — who fails to distinguish an ovarian tumor and ovarian dropsy, and so neglects to give his patient an opportunity to save her life by a timely operation, is justly regarded as behind the age and recreant to the high trusts reposed in him.

But we have not yet learned all we shall in regard to the best ways and means of procedure in such cases. At what age a woman should be considered beyond the safety and benefits of an operation — what extent of adhesions should compel the operator to desist — whether the vessels of the pedicle should be ligated or closed by torsion — whether the stump should be returned into the cavity of the abdomen, or secured outside — whether it should be secured by clamp, or pin — whether the lips of the opening should be completely closed, or an aperture left for the exit of blood, serum, etc. — all are questions yet to be fully decided by experience, to be reported in our journals from time to time.

The following case offers some facts worthy of note.

Mrs. N., a widow, fifty-three years of age, residing in Edgefield, across the river from Nashville, says that about fifteen



years ago she suffered from ulceration of the cervix and os uteri, and was subjected to the application of caustics.

Two or three years later the menstrual flow became excessive and exhausting; it so continued up to her fifty-second year. Six or eight months before the cessation of the menses she perceived a small lump above and in front of the right groin, which grew steadily, causing very little local trouble, further than an unusual urgency to urinate. Her physician pronounced her trouble "enlargement of the neck of the bladder," and, as the tumor increased and the whole abdomen became swollen and tense, he sent her off to a spring where the waters were distinguished for their diuretic properties.

Increasing daily in weight, and suffering from the upward pressure of the tumor as well as the lateral, she returned home and sent for my father, Dr. J. P. Dake, August 31, 1871. Upon thorough examination he diagnosed a fibrous tumor within a large cyst, located in the region of the right ovary.

After fruitless efforts to arrest its further growth with such remedies as *Arsenicum*, *Apis*, and *Podophyllum*, he found it necessary to propose tapping, both for present relief and in order to examine more closely the character and size of the tumor.

Accordingly, November 25, he drew off thirty pounds of a greenish lemon-colored fluid, greatly relieving the patient and revealing more clearly the true nature of her disease. My father's case-book says: "On careful examination, found a cystic tumor, enclosing several fibrous tumors of irregular shape and size, and of unequal density, attached to the right ovary or fallopian tube, altogether extending nearly to the umbilicus."

Very soon the accumulation of fluid in the cyst began sensibly to increase. After a further use of remedies, Mrs. N. was informed that nothing short of the extirpation of the tumor could prolong her life many months. Being a lady of superior judgment and firm resolution, she soon decided to submit to the operation. Dr. S. R. Beckwith, of Cincinnati, having been called to Nashville by my father in consultation on another case, he examined the tumor and advised its immediate removal.

On the 4th of February, the room being at a high temperature, the patient in proper position, and under the influence of Squibb's chloroform, Dr. Beckwith, assisted by my father and myself, performed the operation.

An opening was made from above, to the right of the umbilicus, down the linea alba, a distance of seven inches, a less opening being found insufficient.

The anterior surface of the tumor was strongly attached to the wall of the abdomen for a space of eight inches square. The fluid of the cyst being evacuated through the canula and a long flexible tube, the adhesions, after a careful exploration, were broken up with the fingers, not without some hesitation and great fear of damage to the peritoneum. The mass being lifted out, the pedicle was tied and cut, and Atlee's clamp applied. The fibrous portion of the tumor, the large cyst and the smaller interior ones weighed over six pounds, after being evacuated; the whole tumor weighed over twenty-six pounds.

The blood being sponged out of the cavity of the abdomen, the wound was closed by three silver sutures and isinglass adhesive straps, the stump being well secured at the lower end of the wound. The hæmorrhage from the surface of the peritoneum, whence the tumor had been torn, was, at first, quite free, but it occasioned no trouble.

A dressing of lint saturated with carbolized oil (fifteen drops liquefied crystals of carbolic acid to four ounces of linseed oil) was applied and continued till full recovery. The patient was placed in bed, being greatly exhausted, and with the surface and extremities very cold, hot bottles and blankets were packed around her, and beef tea and brandy and water freely given. As reaction came, *Aconite* and *Arnica* were given alternately every hour, and continued at increasing intervals for two weeks.

February 5.—Patient slept some during the night, and seems quite cheerful; pulse 104.

Improvement continued, the pulse declining gradually, there being no pain or special soreness in the abdomen. In order that no action of the bowels should be necessary for some

days, her food was to consist of gruels and soups, such as would occasion little fecal matter for days.

Feb. 8.—The dressings were removed, and the cut found nicely healed by first intention, except about the stump, where there was a slight disposition to ulceration. After sponging well with hot water, the oil dressing was re-applied.

The recovery went on nicely. The clamp coming off on the fifteenth day, the sutures were removed on the sixteenth.

The patient was sitting up soon after, and in four or five weeks walked about the house, feeling better than for many months before.

The points of interest in this case are several. Was not the disease in the right ovary the result of the caustic applications to the cervix and os uteri? The sympathies and structural relations between the ovaries and the uterus, especially its neck, are only of late coming to be rightly understood. The time is not far distant when the rough treatment of that delicate organ, as now practised by men who profess to have some peculiar skill in that direction, will be condemned by every intelligent physician, and shunned by every pure-minded and sane woman.

This case shows that ovariectomy may be successfully performed where the patient is over fifty years of age, and after extensive adhesions to the peritoneum have been established. It speaks well for Atlee's clamp, the silver wire sutures, the immediate and complete closure of the wound, the securing of the stump in the lower corner of the wound, the dressing of linseed oil and carbolic acid, and especially the *Aconite* and *Arnica*, without which, there might have been much trouble in controlling the reaction and preventing peritonitis.

Mrs. N., at this writing, April 29th, is riding about, in the enjoyment of good health, with a fair prospect of living many years.



## The New England Medical Gazette.

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BOSTON, JULY, 1872.

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THE annual meeting of the Massachusetts Medical Society was held in Boston, June 4th and 5th. We have felt a tender solicitude for the welfare of this dear, old society, which, during the past year, has *failed* considerably in certain respects, and we were extremely sorry that it should be called out at such a stormy time as the 5th of June proved to be. But notwithstanding the weather, and the precarious state of its health, — perhaps for this very reason, — it had a good many doctors in attendance upon it.

We were not a little surprised, however, when we went to the hall, to find a policeman standing at the door, and also to see one inside, marching up and down the hall during the session, with hat on and badge displayed. We did not know the exact office of this functionary, but some one whispered in our ear that he was there to arrest the high-sheriff in case he should appear with any more injunctions. The meeting was, on the whole, a very pleasant one, and we received more kindly greetings from the members than ever before. Notwithstanding the slight “unpleasantness” of the past year, we were sorry not to use our ticket to the annual dinner. For, of course, when the salt is tasted, all differences cease, and naught but the most kindly feelings prevail. But it would seem, if we may judge by the fact that the speech was put in type beforehand, that the great central object of this meeting, dinner and all, was the speech of the ex-president, who felt it to be his duty to explain how it was, and why it was, that the homœopathists had not yet been expelled. After a long and careful examination, he is compelled to think that “the whole subject has been treated in the most judicious and dignified manner.” The dignity, we suppose, was when they talked about “spanked babies,” or told the story of “the little joker,” or when, with hats in hand and overcoats buttoned, they started for the door, at a 2:40 pace, unwilling to hear one word of defence.

“That action looking to the expulsion of Fellows,” said the President, — and here the smile of incredulity must have crept over the faces of his listeners, — “was neither an attempt to prevent any physician

from practising any system of medicine he pleased, nor an attempt at martyrdom, nor a persecution for opinions entertained."

The following sentence must indeed have produced a broad roar among the members : —

"Such is modern medical science, and such the broad and liberal foundations of the Massachusetts Medical Society, which says to all and every physician in the Commonwealth, properly educated in the science of medicine, we welcome you to our fellowship, to our protection, and to our honors."

But perhaps the funniest part of the whole speech was when he said that the homœopaths had been arraigned "for applying opprobrious epithets to the other Fellows, and denouncing the principles of this Society." Oh, Doctor Fisk! Oh, Doctor Fisk! you beat your henchman, Dr. Parks, out and out. After the numberless times *you* have talked about "quacks," "charlatans," "miscreants," "impostors," and "ignorant pretenders"! — after the learned Parks has disclaimed any medical system on the part of the Society, and you arrogate so much to yourself and to the Society, then your lofty tones tower to the sublime. It is well known that there is but a little step from this to the ridiculous, and you do not hesitate to take it. Dr. Fisk invites for himself a terse Greeleyism, when he says of the Homœopathic Medical Society that it is "composed to a considerable extent of irregular practitioners, many of whom have had little or no scientific education." Either Dr. Fisk spoke "ignorantly or wickedly : " in either case — under the circumstances — criminally. We can tell him that there is scarcely a member of that society — many of whom are graduates of Harvard College — who has not passed the most rigid examinations of the allopathic school, with the requisites of homœopathy superadded.

But the injunction is the sore point on which President Fisk's speech centres. It was a terrible marplot, which destroyed their beautiful plans. Dr. Fisk says, "*It was an acknowledgment of their [our] guilt!*" Not quite so fast. Do guilty ones generally appeal to Courts of *Justice*? That is the last place to which criminals wish to go. No, it was because we were *not* guilty, because we had rights — chartered rights — given to us by the State of Massachusetts, which we were determined to defend; because we were menaced by men appointed for the express purpose of pronouncing us guilty and depriving us of our rights, that we appealed to the Supreme Court of the State, and presented that injunction which neither you, Mr. Pres-

ident Fisk, nor any of your Board of Trial, nor your Prosecuting Committee, no, nor any of the members of the Society can disobey, without yourselves becoming criminals before the law. Thus we defended ourselves, and instead of tamely bowing to your star-chamber, we claimed our rights as physicians. When that Supreme Court shall have decided that we have *no* rights, then will we bow to their decision, and give you a chance to expel us when you can — not till then. And even then, you will find the beautiful path you have imagined is bordered by more than one masked battery.

Mr. Fisk was no less amiable in his treatment of editors, whom he so very appropriately terms Rip Van Winkles! Their manner of sleeping seems, however, to trouble him.

We are glad to turn from this impersonation of bigotry, to one who, though of different profession, possesses a broadness of intellect, learning, and liberality, which every physician might well emulate, — it is the Rev. Dr. Hedge, of Brookline.

Speaking of quackery, he said, “I often have seen the term quack used in the medical profession as synonymous with empiric. That is a great mistake; for the profession, especially in the department of therapeutics, is greatly indebted to empiricism, and in fact is solely dependent upon it.

“The quack in medicine I take to be him whose practice is founded on no true knowledge of the human frame and the laws which govern it, and who, ignorant of the laws of anatomy, of physiology, and of every branch of medical science, advertises infallible cures, undertakes the healing of diseases of which he knows nothing but the name, and who obtains his patients by dint of sheer impudent self-assertion. Nothing that has been said or can be said of such men is too severe, and certainly the educated physician is called upon in self-defence to refuse all fellowship with them and all recognition of such as professional peers. But I urge all educated physicians not to apply the term indiscriminately, *but to respect honest and faithful investigation and scientific minds, where even the theories of others conflicted with their own*, and where it is impossible to work in conjunction with them.”

The following editorial from the *Boston Daily Journal*, will give some idea of the opinions of the press: —

“MEDICAL MAGNANIMITY.— The speech of the retiring President of the Massachusetts Medical Society, which will be found in full elsewhere in our columns, is well worth perusal as an official statement of the Society’s reasons and motives in bringing on the controversy now



pending between it and its homœopathic members. We do not know that we ought to venture any comments upon President Fisk's effort, because in comparing the present controversy with an episode of quackery in the early part of the present century, he says that one might think that 'the same old Rip Van Winkles occupied the editorial chairs now that did then.' This, we suppose, is what might be called an allopathic dose of sarcasm. Editors, however, are pretty well used to these things, and perhaps there are many of us who, if we were confined to the alternative, would much rather take the jokes of the 'regulars' than their pills.

"We must say, though, that we have been astonished by the idea of professional liberality put forth in this address. It reminds us of the specimen of road-building at the West, mentioned by Emerson, where a broad avenue soon narrowed into a common road, shrunk into a cow path, and then into a squirrel track, and ran up a tree. Dr. Fisk lauds modern medical science as essentially progressive, welcoming light from all quarters, laying every science and experiment under contribution, and even plucking gems, if it can find them, 'from the filthy channels of quackery.' The Massachusetts Society says to every educated physician in the Commonwealth: 'We welcome you to our fellowship, to our protection, and to our honors.' That is noble; and yet the next thing we find is, the magnanimous and progressive Society kicking out, or trying to kick out, several of its most respectable members, simply because in their pursuit of medical truth they have reached some conclusions not approved by the majority! Their sincerity, their personal integrity is not questioned, and they visibly command the confidence and esteem of a very large section of this intelligent community. Nevertheless, they are to be ostracised because the progressive medical society took a certain stand 'more than twenty years ago,' because they cannot stifle their convictions in order to agree with the majority, and because they apply 'opprobrious epithets to the other Fellows,'—they who are repeatedly stigmatized by the retiring President of the Society with such epithets as 'quackery' and 'this quack system'!

"Surely, this is not the day, nor is this the community in which such methods of conducting a professional controversy can pass muster. The influences of the times in favor of real and consistent liberality, inquiry for truth in every direction, toleration among those who give evidence of being animated by the same high purposes, are too strong to be discarded, especially by those into whose hands we are accustomed to commit, humanely speaking, the issues of life and death. There was an ancient 'doctor of the law' whose counsel on a memorable occasion might well be heeded by modern doctors of medicine. 'Refrain from these men,' he said, 'and let them alone'; adding that if their work was unworthy it would perish of itself, otherwise it could not be overthrown—time alone would show. Have not the twelve hundred members of the Massachusetts Medical Society a Gamaliel among them?"

## REPORTS OF SOCIETIES.

## NEW YORK STATE HOM. MED. SOCIETY.

THE Twenty-first Semiannual Meeting of this Society will be held in the City of Binghamton, on Tuesday, Aug. 13, 1872. The morning session will commence at 10 o'clock; the afternoon session at 3 o'clock. Reports will be presented from the following bureaus: Materia Medica, Clinical Medicine, Obstetrics, Gynæcology, Pædology, Surgery, Ophthalmology, Histology, Climatology, Vital Statistics, Vaccination, Medical Education, and Statistics.

This meeting is wholly devoted to the presentation and discussion of subjects pertaining to medical science.

Homœopathic physicians who are unable to be present in February, are particularly requested to attend this meeting.

It is desirable that the profession in all parts of the States should be represented. The presence of delegates and others, residing even at remote distances, can be easily secured by means of the numerous and conveniently arranged trains on the Erie railroad and its connecting branches.

H. M. PAINE, *Rec. Sec.*

## REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE TWENTY-FOURTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Chicago: 1872. Pp. 498; 8vo.

With the glamour of a new, fresh session of the Institute, we have the report, as from a distant echo, of its predecessor. It comes to us with — metaphorically at least — the smell of fire upon it. The printed sheets of the first one hundred and fifty pages were burned in the great fire, also the manuscript for about fifty pages more, containing the revised list of members, and the whole of an unusually extended Necrological Report except ten pages. But thanks to a kind Providence, the waste material which accumulates as labor of this kind goes on, sufficed to reconstruct the work destroyed, except the necrological notes: of many of our deceased friends the “memorial [by Dr. Barlow] is perished with them.”

The typography is excellent, the paper good, and the general appearance well conformed to that of the other issues of the *New Series* begun in 1867. It is interesting to see how the documents of this year compare in bulk with those of the four preceding. We subjoin the average number of pages in those years, and the number for the year 1871. They are as follows: —

	1867-70.	1871.
Proceedings, etc. . . .	175	168
Materia Medica, . . .	113	36
Clinical Medicine, . . .	68	30
Obstetrics, . . . .	43	24
Surgery, . . . .	53	148
Organization, etc. . . .	55	52
Anatomy, etc. . . .	57	20



The latest added Section 8, of Psychological Medicine, does not go far to make up for the shortcomings of its older sisters in general ; it consists of one paper of two pages. This, however, if confirmed by further cases, will prove equal in value to many articles of vastly greater bulk ; it is on *Cimicifuga* in Mental Disorder, by Dr. Dunham. The infant section has made a healthy growth, small as it is.

The Festivities of the Annual Meeting have furnished in the late numbers of the Proceedings a very acceptable appendix. We doubt whether any other twenty-seven pages of this valuable volume will be read with greater zest. Certain it is that the personal acquaintance and pleasant contact of physicians from different parts of the country add great value to the sessions of the Institute, and give a unity of action and harmony in our ranks not otherwise possible.

But aside from the large amount of valuable and interesting matter of a general character contained in this volume, and which in the contents is classified under fifty different heads, there are also twenty-nine papers, by twenty-seven contributors. Four of these are from the Bureau of *Materia Medica* ; four from that of Clinical Medicine ; three, Obstetrics ; thirteen, Surgery ; two, Organization, Registration and Statistics ; two, Anatomy, Physiology, and Hygiene ; and one, Psychological Medicine. All of these are of sufficient importance to warrant their careful perusal by the profession. We have spoken of the typographical character of the work ; would that we could speak in hearty indorsement of the careful editing of it. Making all due allowance for the very unusual circumstances attending its publication, for the manifold cares and duties of the Secretary, we still feel that it contains many errors which might easily have been avoided. There are many sentences which we are sure our friend Ludlam would not have allowed in his *Quarterly*, and which for still stronger reasons should not be permitted in the publications of a representative body like the American Institute. Bad grammar, bad punctuation, slang phrases, obscure sentences are far too common. As an instance of this we need only refer to the first one we open to, a notice of Dr. Waggoner, on page 130. Then too the frequent mutilation of names is very annoying. In the list of members, — less than a thousand, — we have made forty-five corrections. Some of these are of the names themselves, and in others, their residences are incorrect. In the report of the State Society of Massachusetts there are no less than seven names incorrectly printed. While this is hardly excusable on the ground of the great distance, still less so is it that, in the very place where he lives, the well-known name of Gaylord D. Beebe should be printed D. G. Beebe, as on page 432. But the greatest mistake of the whole was the printing of a Constitution and By-laws which had been rejected by the Institute, as though that were its accepted organic law. We do not make these criticisms in a fault-finding spirit. We know too well, by hard and long experience, how impossible it is to avoid errors, how every line and word must be carefully scanned again and again, and how very few there are who have the patience to do this personally. But it is due alike to the credit of the Institute and the welfare of the profession ; and let every one give a helping hand to him who is able and willing to faithfully do such task-work.



ANNUAL RECORD OF HOMŒOPATHIC LITERATURE. 1871. Edited by C. G. Raue, M.D. New York and San Francisco : Boericke & Tafel. Pp. 255 ; 8vo.

A work of immense labor, aiming to gather up every homœopathic fact of value that has been published in the year. The classification is very elaborate under each of the three heads,—Materia Medica, Surgery, and Practice. In the first, each medicine of every class is taken up, the new information given, and the work cited from which it was taken, and so of the others. In the words of Dr. Raue : “ It cannot contain more than has been given in the journals, neither can it help anybody who does not use it. For myself I should not like to be without it.” “ So say we all of us.”

HAHNEMANN HOSPITAL REPORTS. Edited by F. W. Hunt, M.D. etc. etc., and F. Seeger, M.D. etc. etc. Vol. I.—To October, 1871. Published at the Hahnemann Hospital, New York, also for sale by Boericke & Tafel. Pp. 204 ; 8vo.

It is not often that a hospital goes so far into the publishing business ; and the fear arises that the wide diversity in the interesting articles that compose the volume may fail to interest purchasers of any one class.

The Report of the Building Committee begins with the days of Hercules and ends with a very perfect scheme for a hospital with one hundred and fifty beds. It occupies the first forty pages.

The Report of the Medical Director (pp. 155–166) estimates the applications at three hundred, and gives the admissions as seventy-one. The results were : discharged cured, 37 ; improved, 8, unimproved, 5 ; left or sent away, 6 ; died, 1 ; remaining, 12 ; pregnancy, 1 ; sent to lunatic asylum, 1.

The Third Annual Report of the North Eastern Dispensary (pp. 201–204) exhibits a growing work. In the first year the number of cases was 534 ; the next year, 1,454 ; and the last year, 2,913. The year's work included 6,837 prescriptions and 2,770 visits.

So much for the Reports. The other articles bound with them are of two kinds,—medical and otherwise. The *otherwise* consists only of a lecture on the Bahama Islands, their botany, their hurricanes, as also hurricanes in general. Other and valuable articles are : Fractures, Prof. Helmuth ; Laryngoscopy, Dr. Seeger ; Case of Cysto-sarcoma phyllodes, Prof. Helmuth ; Colloid Cysts of the Larynx, by Von Luschka, translated into Pigeon English ; Diseases of the Organ of Respiration, Dr. Seeger ; Fœticide ; Atmospheric Germs ; Selection of the Remedy in Diarrhœa, Dr. Lilienthal ; Chloral ; Cause of Female Diseases, Prof. H. Minton (excellent) ; “ Stow's ” Uterine elevator, Dr. Stow ; Eye Speculum, Dr. Leibold ; Skin Grafting, Dr. Helmuth ; Sub-palpebral Eye Syringe, Dr. Leibold ; The Galvanic Current, Dr. Ludwig Seeger, of Wieden ; Dust as an Agent in spreading disease ; Sea Sickness, Dr. H. N. Avery ; and Tobold's Laryngoscopic Apparatus, Dr. Seeger.

**THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH.** By E. H. Ruddock, M.D. Second American, from the seventh London edition. With alterations and additions adapting it to the climates, diseases and customs of Americans. Chicago: Halsey Brothers. Pp. 259; 12mo.

The destruction of "all the printed copies in the publishers' hands, and the plates from which they were printed," necessitated the issuing of a second American edition by its enterprising publishers. Over 80,000 copies, we are told, have already been sold, here and in England; and we can well imagine, from the clear and simple manner in which it is written, it could hardly fail to become a popular work, and one which we can readily recommend to our patients. It is said to be the highest art which conceals art; and the "American editor" must be an artist in his way; for not only has he concealed himself, but, as we have no copy of the "seventh London edition," we have not the means to tell where Ruddock leaves off, and the American editor begins; so, as Dr. Ruddock bears the brunt, we shall credit him with all the good things which the work contains, and charge the faults and errors — fortunately few — to the "American editor."

**SIX WEEKS ABROAD, IN IRELAND, ENGLAND, AND BELGIUM.** By G. F. Haskins, Rector of the House of the Angel Guardian.

Many of our readers know something of the House of the Angel Guardian. This was begun in the year 1851, "in a small wooden-frame building in Moon street court," and was designed to take under its protection orphan and destitute boys, as well as those with parents who could not properly control them. It is just this neglected class that grows up in the midst of vice and crime, to add to it, and to fill our jails and prisons. The moving spirit, the very soul of this charity was "Father Haskins"; and it has been his life work to enlarge this from the little domicile to the splendid institution which provides for more than two hundred inmates, and the result of which is summed up in the following sentence: "Since the establishment of the House of the Angel Guardian, nearly 5,000 boys have been received, educated, and sent out to good homes, to trades and professions. To-day, some are lawyers, some are artists, some mechanics, some musicians, some clerks and book-keepers, some live in family service, and many are steady, honest laborers." Such a noble work has rarely been the good fortune of any single individual; and these "Six Weeks Abroad" were spent in visiting other and similar charities in the countries named. The little book is written in a style so interesting that when we first took it up, we could not put it down till we had finished its last word. The description of the countries, and of individuals noted in this kind of work, is unique and fascinating, and it contains many facts nowhere else accessible.

The following relates to the St. Nicholas Institute for Boys, at Hammersmith, twelve miles from London. This institute provides for two hundred and sixty-four boys, and shows the result of the method of medical treatment pursued. "In the infirmary there were



six patients; two had scurvy, one had ophthalmia, two consumption, and one scrofula. The number of deaths averages six a year. The treatment is allopathic. The reverend chaplain informed us with great satisfaction that the doctor had just ordered the purchase of twenty-six pounds of Epsom salts, to be dissolved in water and distributed round among the boys as their spring medicine. What they get for summer, fall, and winter medicine I did not learn." The contrast of this with the treatment in the House of the Angel Guardian, which for the last six years has been under homœopathic treatment, must have been very striking to such an observer as Mr. Haskins. In the latter institution, instead of a mortality of about thirty, at the Hammersmith rate, there have been only two deaths. A wonderful difference, greater even than that recorded in the Mortality Statistics of New York City as collected by Dr. Kellogg. The effect of moral treatment upon this class of boys, and the change which has come upon the whole community in regard to the subject of corporal punishment, is dwelt upon. "By visitors the rattan is seldom seen; it is usually hidden. I remember that when I was a boy at school (Master Webb's on Mason street), the punishment for a grave offence was to take off our shoes and socks, lay us upon our backs on a bench, and then bastinado our naked feet with a cudgel. It is now done on the naked hand instead. That is an improvement. Others are living who remember well the old 'ten-footer' on Mason street and the bastinado. How changed the times! How changed public opinion"! In speaking of the propriety of aid from the State to such institutions, Mr. Haskins says, "Were it not for the Home for Destitute Children, the House of the Angel Guardian, and the Home for Little Wanderers, our State and municipal authorities would have been forced by sheer necessity, to erect additional buildings, or else to establish other juvenile asylums. Therefore it is, that with the independence which I think becomes a true American, I plead for denominational asylums. Let persons of any denomination of religious belief purchase buildings and lands, and establish an asylum for the orphans, for the homeless and the wayward, to be managed by persons of their own faith; then let the State come forward with its 'God speed you! We will aid you!' This, surely, would be the wisest policy of any State that attached importance to the inculcation of religion and morals."

AN ADDRESS. Read to the Corporation of the Washingtonian Home, at its Annual Meeting, April 29th, 1872. By Otis Clapp.

Almost as it were to continue the above subject comes this address, in which, with a strong and able hand, Mr. Clapp shows how in less than fifteen years this institution has taken from the slough of drunkenness and misery 3,811 men who were a curse to the community, and returned a large proportion of them as useful citizens. To this work the State from year to year has contributed its mite, and has thus done a great deal to keep its citizens from the prisons and almshouses. But this year, in a fit of economy, — Heaven save the mark! — its Committee on Charitable Institutions thought that the State



was too poor, or too mean, to contribute in any such manner. Their prisons they must sustain, but the charities which would save from them, they withhold; and by inflicting a double wound upon the morals and the humanity of the State, they have themselves received a scar upon their judgments, if not their characters, which time will not efface.

We are tempted to give the names of this Committee as men to be shunned, and would do so, did we not hope it was more an error of judgment than inhumanity. Mr. Clapp says: "While the State is spending millions for the machinery of punishing, it ignores the more Christian means of preventing. The State is forced to recognize the fact that thousands are on the broad road to pauperism, insanity, and crime, by the fact that millions of taxation are required to provide for them when they have reached this condition. It would seem, therefore, the part of wisdom and economy to sustain the effort to stop some of them on the way, and turn them from the broad road into the strait and narrow way represented by the prodigal son. For Massachusetts to withhold such succor in their time of need, is to turn her back upon her long-standing professions. The Committee on Public Charitable Institutions indicate, by their actions, an entire unconsciousness of such policy or principles; they seem to think that, if the State makes provision for its people *after they have reached the condition of pauperism, insanity, or crime*, its duty is complete." The address further shows how for every dollar expended in these charitable institutions hundreds of dollars are saved and returned to the State. We hope this subject will be thoroughly ventilated until the community compels its legislators to a wiser, as well as more charitable and humane course.

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## ITEMS AND EXTRACTS.

THE banana ripens in Florida every month in the year.

IN Paris 21,958 babies were "farmed" out last year. Maternal insensibility and fashion are the causes.

"EXTRACTING bullets from men's brains," says a prominent New York surgeon, "is the only evidence I possess that some men have any."

HIPPOPHAGY IN FRANCE.—Hippophagy does not appear to be making much progress in France, notwithstanding the former exertions of the authorities to push the sale of horse-flesh. The poor people do not believe in the fancy accounts, got up by the medical non-eaters, of the nutritious qualities of the animal, and still prefer their beef and mutton, at whatever price it may be. Statistics just published show that the amount of horse-flesh sold for human food throughout the whole of France does not exceed four tons per day, which is about the thirtieth part of the supply of this article.

**TRANSPLANTATION OF FOREIGN SKIN.**—A young woman suffered from a large varicose ulcer on the left leg, which, although it was covered with granulations, would not heal. Dr. Hofwinkl tried therefore transplantation, but deviating from the usual method of taking a longitudinal strip, he transplanted a large piece of skin from another person. It happened that an amputation of the upper extremity was performed on account of traumatic injuries on a healthy, robust man. The doctor, eight minutes after the amputation, cut the piece of skin needed from the amputated arm, transplanted it on the granulating surface, laid over it a thin plate of wood and bandaged the whole wound with adhesive plaster. Forty-eight hours afterwards union had taken place.—*Austrian Medical Institute*, March 17, 1871.

**CANCEROUS AND OTHER TUMORS.—INTERNAL USE OF LIME.**—Dr. Peter Hood, of London, gives an account of a case of a cancerous tumor of the breast, which entirely separated, leaving a raw granulating surface, this result being attributed by the patient to the internal use of small quantities of lime from the inner surface of oyster shells. Previous to scraping out the “small white part of the interior,” the shells require baking for three nights in a slow oven, and the dose recommended is as much as will lie on a shilling, once or twice a day.—*Lancet*, Oct. 12, 1867.

Our *Calcareo carbonica* cannot be therefore as inert as many old-school physicians think. But Hood is mistaken when he considers the *modus operandi* to be ossification of the arteries of the tumor, whereby the nutrition of the tumor is cut off. Lime is rather the corrector of mal-nutrition, and rectifies many deficiencies in the composition of the circulating fluids.

**LUXURY.**—Attempts at suicide may be expensive; and nothing can be more ridiculous than for a man to pay the bill out of his pocket for cutting his own throat. This happened to an unfortunate fellow lately, at Iowa City. He, to make matters sure, not only severed his windpipe, but slashed the arteries of his wrists. Then three doctors took him in hand and stitched him up, and insisted upon his living; and so live he did, to receive from the high-cost doctors a bill of three hundred dollars. He said that he would n't pay it; but the sawbones brought an action against him, and the judge and jury said that pay it he must. The poor man will probably refrain from such luxuries in future.—*Tribune*.

**STOMACH PUMPS.**—The *Ohio Medical and Surgical Reporter* describes a cheap and simple stomach pump, which acts upon the principle of the siphon. Four feet of India rubber tubing are attached to a stomach tube. Fill both with water by inserting it in the liquid, end first, then compressing the elastic tube between the thumb and finger, to prevent the escape of the water; insert the stomach tube, lower the outer end of the elastic tube, and the stomach will be emptied of its contents as readily as an open vessel. When the fluid ceases flowing, the outer end of the tube is placed under surface of water, the vessel containing it is elevated, and the stomach becomes



filled. Lower the outer end of the tube, and again the stomach is emptied. This contrivance possesses the advantage of being easily applied, and is also comparatively inexpensive.

Prof. Hodgen (allopathic), of St. Louis, describes a new double-acting elastic stomach pump, cheaper than any now in use, by which the stomach may be readily emptied or filled according to the position of the elastic bulb. This bulb is furnished with two bullet-valves. When the bulb is held upright its lower end is closed by one ball, and pressure forces its contents upwards. Reversing the bulb closes its opposite opening by the other ball, and the stream is sent in the contrary direction.

**SPEAKING AND SINGING WITHOUT A TONGUE.** — In the Trans. of the Philosoph. Soc., published between 1742 and 1744, there is an account of Margaret Cutter, who, when four years old, lost her entire tongue from a cancerous affection; but who, nevertheless, afterwards retained the power of taste, swallowing, and speech, without any imperfection whatever. She not only spoke as fluently and with as much correctness as other people, but also sang to admiration, articulating with distinctness all her words while singing. What is not less singular she could form no idea of the use of a tongue in other persons. This remarkable case was brought before the Royal Society, under certificates of attestation from the minister of the parish, a medical practitioner, and another respectable citizen well known in Suffolk, where she resided. On account of the extraordinary character of the case the Society requested an additional report upon the subject, and from another set of witnesses named by the Society for the purpose, and for whom they drew up the necessary questions and marked out the proper course of examination. The second report coincided with the first in all particulars; and shortly afterwards the young woman was brought to London, where she confirmed the account by personally appearing and speaking and singing in the presence of the members of the Royal Society and many other persons. — *Scientific American*.

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### PERSONAL.

DAVID HUNT Jr., M.D., of Worcester, has just gone to Europe, for a visit of two years. We shall hope to hear from him while there. Dr. Barton from Newark, N. J., succeeds him in practice.

J. G. BALDWIN, M.D., has removed from 22 East 24th street to 8 East 41st street, New York.

Dr. ELBEN, of Pomeroy, Meigs Co., Ohio, has recently died at an advanced age. A friend writes us that this is an excellent position for an accomplished homœopathic physician. It is a finely located and thriving town of 10,000 inhabitants, many of whom are accustomed to homœopathic practice, and a suitable person could at once command an excellent patronage.

**MARRIED.** — At Trinity Church, West Troy, Thursday, June 13,



1872, by Rev. John Townsend, Dr. P. J. McCort of Troy, N. Y., and Elizabeth M., daughter of F. M. Witbeck, Esq.

O. M. HÜMPHREY, M.D., formerly of Boston, writes us from Minneapolis, Minn., that he is permanently located there, having succeeded to the practice of Dr. P. L. Hatch, who has removed to California. He says: —

“This is unquestionably one of the prettiest and pleasantest cities of the Northwest, with a preponderance of an Eastern and Middle States population, and with a strong, though perhaps somewhat indiscriminating, homœopathic sentiment. I miss nothing, out here, more than the advantages of professional intercourse and courtesy, which Boston afforded in our Homœopathic Academy and other institutions of homœopathic enterprise. I have been much interested in your ‘War,’ being myself one of the culprits though omitted in the ‘notice,’ probably on account of removal.”

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### OBITUARY.

DIED, At Leipzig, Germany, on Monday, April, 22, 1872, VEIT MEYER, M.D., aged 57 years.

“Our VEIT MEYER is no more among the living. He died, of disease of the heart, on the evening of April 22d. As successor of Rummel, one of the founders of our *Allgem. Hom. Zeitung*, the deceased fulfilled his editorial duties for eighteen years with untiring industry and conscientiousness. With continued love and devotion to our science he labored unceasingly for its further spread and recognition. Thus we have once more lost a true and worthy co-laborer, and homœopathy has received an incurable wound.” — *Allgem. Hom. Zeitung*, April 29, 1872.

“Several weeks ago the sad news reached us of the incurable nature of the disease which afflicted our colleague, Dr. Veit Meyer, of Leipzig, — organic disease of the heart and kidneys, if we are not mistaken. On April 22d we received the news of the sudden decease of the sufferer. The sad intelligence will spread far and wide. For not only Leipzig, not only his friends and his nearest colleagues, but *all homœopathy* has met with a severe loss. We have lost too early one of our most conscientious, faithful, and active companions, an eloquent defender, an energetic and vigilant organizer, his age being less than fifty-eight years. The German Central Society has lost in him one of her most powerful protectors. We hope in one of our early numbers to publish an obituary, giving full credit to the many virtues and merits of the deceased.” — *Hirschel, Zeitschs. f. Hom. Klinik*, May 1, 1872.

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### TO SUBSCRIBERS.

THERE has been some delay in issuing the April, May, and June numbers of the *Gazette*. They will be published, however, very shortly, and at once sent to subscribers.

# THE New England Medical Gazette,

FOR 1872. — VOL. VII.

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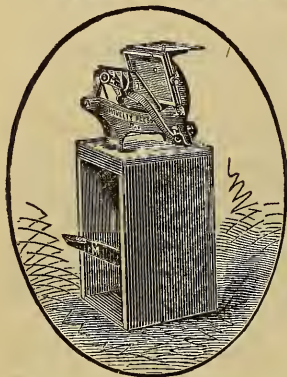
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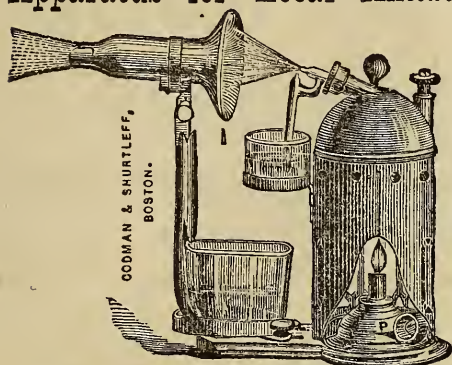
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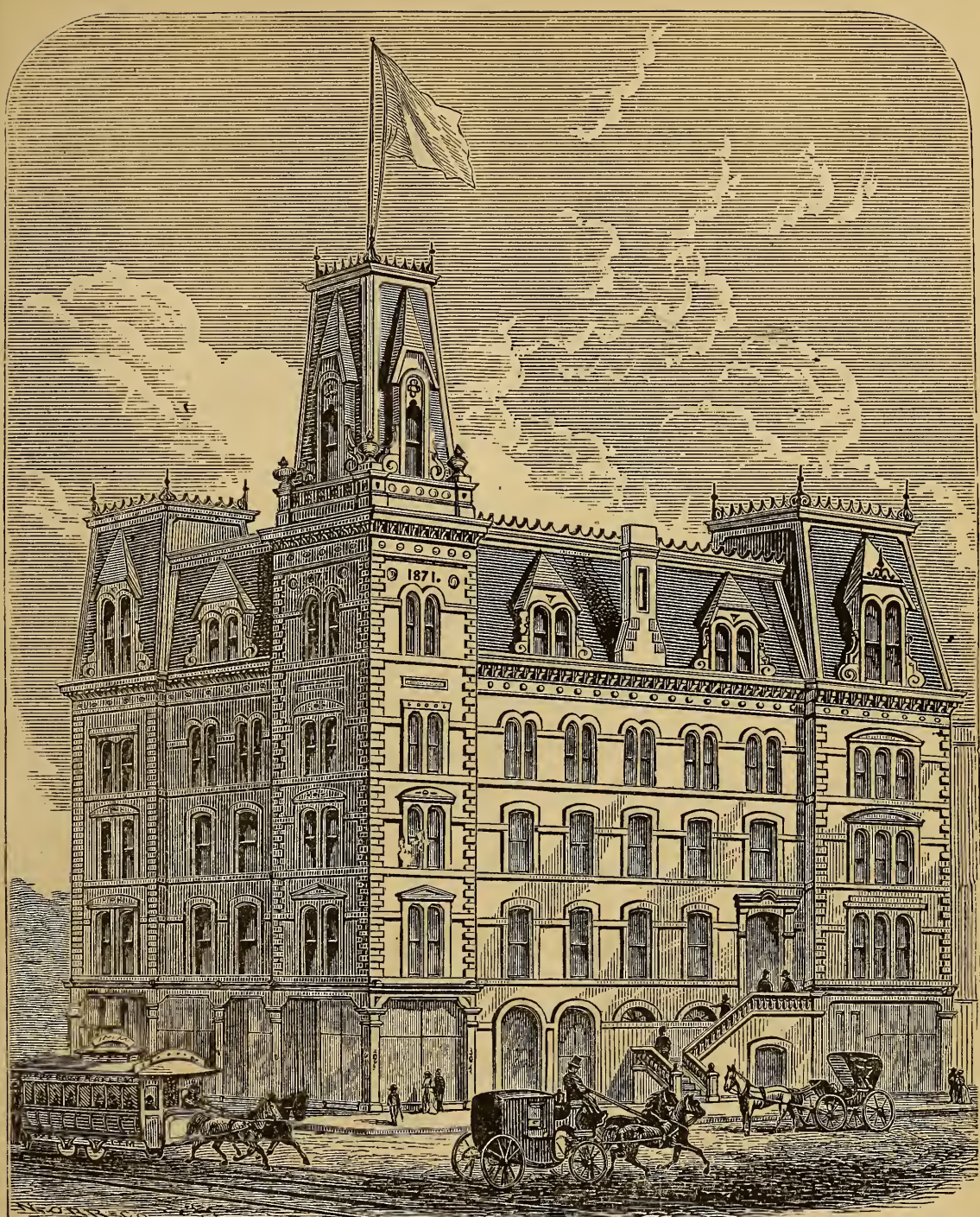
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NEW YORK

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## RETRACTION.

We, the undersigned, ex-Professors of the New York Homœopathic Medical College, desire hereby to withdraw certain charges made by us in a pamphlet published in the Summer of 1871, against the Trustees and present incumbents of the chairs in said Institution.

The said charges were made in good faith, and from information which was believed at the time to be correct and indisputable.

We are now satisfied, from subsequent evidence, that the source from which our information was derived, is unworthy of confidence, and we deem it but an act of justice that the said charges should be revoked. They are hereby revoked.

(Signed,)

JAMES A. CARMICHAEL, M. D.

JAMES H. WARD, M. D.

My name was affixed to the pamphlet above referred to without my knowledge or consent. To this present paper I cheerfully affix my signature.

(Signed,)

F. W. HUNT, M. D.

S. B. BARLOW, M. D.

March, 1872.

(By Miss H. E. BARLOW.)



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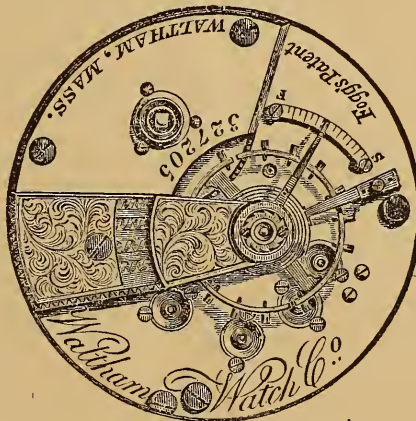


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Homœopathists " . . . . .	156

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156 Homœopathic " " . . . . .	2,530 "

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No. 8.]

[Vol. VII.

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OF  
HOMŒOPATHIC MEDICINE,  
SURGERY, AND THE COLLATERAL SCIENCES.

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AUGUST, 1872.

*“Die milde Macht ist gross.”*

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THE  
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No. 8.]

BOSTON, AUGUST, 1872.

[Vol. VII.

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HELPS AND HINDERANCES TO HOMŒOPATHY.

*An Address to the Maine Homœopathic Medical Society.*

BY JAMES B. BELL, M.D., AUGUSTA, ME.

It is somewhat the custom on occasions like this to look over the field and exchange congratulations upon the prosperity and progress of the school of medicine to which we adhere; this is well. It is well to rejoice and be thankful for the present high standing of homœopathy in the respect and the confidence of the best classes of the people. It is well to note the statistical proofs of progress, as seen in the colleges, dispensaries, hospitals, journals, societies, etc. But this task has been already so faithfully performed so many times, that I would propose for your consideration a subject somewhat less flattering, but, perhaps, more important; a task less agreeable to our self-complacency, but perhaps more helpful to our future progress. I would like to make a brief and somewhat desultory study of some of the HELPS AND HINDERANCES to the progress and standing of homœopathy.

The most obvious hinderance is the misapprehension of the people concerning many things in homœopathy, and concerning medicine in general. Most people have some favorite notions or prejudices concerning medicines, diseases, and kindred subjects; and I deem it one of our most important duties to

continually study how to wisely meet and remove them. Those of you who have been in practice many years have acquired much skill in this field ; you understand how — now by reasoning and explanation to inform and convince the reasonable, or now by a sharp thrust of ridicule, or by a turn which reduces the thing to an absurdity — to fix a truth in the minds of the more perverse and opposing.

One man believes in homœopathy in general, but thinks that his case requires something stronger and more powerful. If he be a reasonable man, you will show him that the object of treatment is to restore order, not to create disorder ; and what is required is the *appropriate* tool, — not the *ponderous* one. To a less reasonable or more ignorant person, you may suggest blowing up the patient with nitro-glycerine, or inviting a stroke of lightning. These are certainly powerful agents, and will be likely to strengthen the stomach, encourage the liver, and limber up the rheumatic joints.

Another is completely staggered because somebody's child ate, in half an hour, a whole bottle of pellets which was intended to last an adult several weeks. You may explain to him that the medicine was adapted, both in quality and quantity, to a diseased state ; and therefore, while perfectly capable of accomplishing its intended purpose in that direction, it would have little or no influence upon a healthy body, even of a child. Just so the inflamed eye of an adult may be painfully sensitive to the mild light of his darkened room, while the healthy eye, even of a child, bathes with pleasure in floods of summer sunshine. Or you may tell him that the medicine was not meant to kill, but to cure ; and advise him not to find fault with homœopathy because the child is not dead. It is glorious allopathy that has killed so many children by the mistakes of the druggist. It is one of the genuine glories of homœopathy that such mistakes are harmless.

Some doubt even an obvious cure. They "don't know whether it was the medicine, or what it was." You will be likely to tell them that it took more than one cure to convince you, and it is proper that they should doubt if the evidence is not sufficient.



The next time they will be likely to give the medicine the credit.

Sleepless patients, or those suffering great pain, often feel that they must have something to produce immediate sleep or ease; occasionally the impatient patient is incorrigible, and you have doubtless found your best way with him is to decline to submit to his dictation or to attend him further. Most will be readily convinced that it is better to be cured than that they may have ease, than to have ease without the cure; or for the sake of present relief to retard the cure, and derange the whole system. They may need some instructions as to the incompatibility of palliation with cure, and even those long accustomed to homœopathy will sometimes require this.

How many people show their want of progress in homœopathic ideas, by the fixed notion of the necessity of free evacuations of the bowels at all hazards. I have sometimes thought that there ought to be an allopathic catechism, in which the answer to the question, "What is the chief end of man?" would be, "To keep the bowels open!" This error requires careful attention, and a due description of the evil effects of cathartics in every form, as well as an exposure of the mistaken fancy concerning them. Hardly any error will meet you more frequently than this, and it will require some thought as to the best means of correcting it. How many people, suffering from a whole train of chronic symptoms, will attribute them all to one, — the torpidity of the bowels. They need to be taught that the bowels form a part only of the human economy, and are not to be abused just because they are handy to get at.

This unfortunate accessibility of some organs has rendered them an easy prey to allopathic therapeutics, particularly in the shape of washes, ointments, cauterizations, injections, etc.; so that while most of our new recruits are quite willing to take powders, pellets, or drops to reach the liver, kidneys, brain, or other organs occupying the more retired recesses, they will be quite astonished if you give them medicine for an injured or inflamed eye. "Why! they can put something into that!"

Local applications of all sorts of nostrums, liniments, etc., have to be more or less constantly combated. We have to meet

this tendency most often by positive command, and then proceed to prove ours the better way by a quick relief of the pain of broken bones with *Ruta*, or *Symphytum*; or of a crushed nail with *Hypericum*; of bruises and wounds with *Arnica*, — all given internally in proper doses.

By the way, the popular abuse of *Arnica* by external application is getting to demand our serious attention. Some homœopathic families have the habit of applying the strong tincture for almost anything. It has taken the place of their old camphor bottle. Serious poisonings have resulted, as we learn from cases reported in the journals; and I have myself seen bad aggravations, as might be expected, from such an abuse. Only a few days ago a boy shot his hand, tearing and crushing a part of the palm severely. I dressed the wound and gave *Arnica*<sup>200</sup>, internally. He was very comfortable for a day or two, when he called and reported constant pain, so that he could not sleep at all, but was obliged to walk about. I found his mother had been saturating the bandage with tincture of *Arnica*. I had them all removed and gave *Hypericum*<sup>200</sup>, and there was no more trouble.

It is in the treatment of chronic diseases that we meet with some of the most serious errors. If some homœopathic physicians fail to grasp their character and causes, and go groping about among extraneous influences — such as their patients' diet, habits, and mode of life — for the fundamental cause, what can we expect of the laity? There is a prevalent tendency among the people — and it is fostered by allopathic pathology — to regard chronic diseases, for the most part, as something incidental. A man has an indescribable bad feeling at the stomach; has had it for several months; has some distress from his food at times; the stomach is very sensitive to the touch; he has a faintness, as from hunger, and wants to eat something about ten or eleven in the forenoon. And he will be likely to tell you that he has a little trouble with his stomach; that he thinks his liver is out of order; if you can give him something to regulate that, he will be all right. Or he may think he has "strained his stomach," and tell you how it occurred, or how it does occur any day in his occupation. He may think he is obliged to get



up too early, and that in consequence of spoiling his appetite for breakfast he gets faint before dinner, and his stomach is thereby weakened. Some of these causes may have an influence; but without the necessity of any lengthened dissertations upon psora, you will find it necessary to give your patient some idea that he is suffering from an inherent, and not an incidental malady; and this is not always an easy thing to do. People can understand that there are such things as constitutional maladies, as hereditary tendencies and weaknesses; and that there are humors which affect internal organs; starting on common ground and using some of these, or like expressions, you can give the patient something like a correct idea of his trouble, and of what must be done to establish a true cure. You then proceed to cure him with a few doses of *Sulphur*, and he will see the correctness of your explanation.

Homœopathy cures chronic diseases most thoroughly, and it is one of its highest glories, and one that will win for it the most certain place in the confidence of the public; but people must first learn that their diseases are chronic. Some have learned by hard experience the inveterate nature of these maladies; but most will require considerable enlightenment upon this point. I do not mean that accidental causes should be ignored; but they should be put in their proper subordinate place. People always will blame the climate, the weather, their food, or some other extraneous cause, and totally overlook the great predisposing cause which alone gives the others their power. The necessity of correct knowledge upon this vital point, even among homœopathic physicians, is made evident by the publications of whole books on *How not to be sick*, *How to live*, *How to bathe*, etc., by physicians who have been or are members of our school, — men who get their living, not by the legitimate practice of medicine, but by gymnasiums, Turkish baths, and other side-shows. Let the people, by all means, be clean, exercise properly, and eat properly; but let them also know that these will not bring health to natures tainted with chronic diatheses. In no other way can chronic diseases be held under treatment than by a full understanding, on the part of the patient, of the constitutional nature and deep seat of his



malady, and the consequent length of time, and the careful treatment required for its removal, as well as of the consequent great improvement of his whole bodily health, which will follow its cure, and which will continue through life.

The people who will require as much enlightenment and argument as any, are those who have read a little medicine and think they know a good deal. If they know anything of what they have read, the works are probably allopathic; or, what is just as bad, popular dogmatic treatises on diet, modes of life, etc., and they will be imbued with a false pathology. A celebrated jurist once said of laymen who attempt to conduct their own cases, "A man who is his own lawyer has a fool for a client." In the same sense, a man who is his own doctor has a fool for a patient, and it is best to let such people know distinctly that you will prescribe and advise, but will not consult with them. This will not discourage honest and intelligent inquiry, which you always know how to meet with courteous explanations; but it will much reduce the dimensions of medical pretension.

These are only a few examples of the form of error and prejudices against which we have to labor for the further advancement of homœopathy. It may seem that the endeavor to meet and dispose of these will require a good deal of talking. Well, it does. A good deal in the aggregate, but not lengthened orations to each patient. If we suppose that we have not time to explain, we will find it profitable to remember a rule for which I am indebted to the late Prof. Williamson, who used to say to his class, "Always finish your professional visit before you begin a social one." I have always found this a most valuable rule, and one of the best means of getting through a large day's business; and it will enable us to give all necessary attention to these matters. We all know how pleasant it is to have patients and their friends and nurses who are already fully and correctly trained on these points. And we must keep the number of these rapidly increasing, as so many pickets and outposts in the field, or rather as so many concentric waves of influence, widening as they roll.

To pass to a more congenial branch of the subject, let us

consider two of the *helps to homœopathy*. The first one is the bigoted opposition of the members of the old school. Some might hesitate to class that influence as among the helps; but I think we shall see that this is the correct view of the subject. Never has homœopathy taken such strides in the public respect as during the last year; and this can be largely attributed to the persecutions by Van Aernam, and exhibitions of the power on the part of our school which brought him down. Allopathic physicians have long realized the dangerous foe to their practice and pockets which was steadily encroaching upon their best fields, but never till now had they come before the country in open and avowed conflict and with such a defeat. But for the bigoted opposition of the Commissioner of Pensions, homœopathy would indeed have been steadily winning its way, but it would not have taken its present high stand in the respect of the people. The year has been prolific, also, of local outbursts of like character, with like results. Only a little while before, the allopathic Medical Bill awakened the indignation of the people in this State, and proved the strength and standing of homœopathy. The man who will have the courage to try that again does not reside in Winthrop, nor, I think, in the State.

The expulsion of Dr. Gardner, in New York, has drawn the sharp fire of the press upon the bigots with such scathing shots as could never have reached them from our camp. These are flank shots which come from neutral ground.

And where would have been the Boston Homœopathic Hospital, as to its present secure prosperity, but for the outburst of public indignation and protest which resulted in the second fair for its benefit? It would not have been for many a day, but for the attempt of the State Society to expel its homœopathic members. Nobody cares much about a membership in that society; but nobody wants to be disgracefully expelled, and the impartial public frowned scornfully upon the assumption of allopathic superiority which the attempt implied, and now smiles upon the persecuted, and chiefly because they are persecuted. The general result of this opposition, is that the devotion to homœopathy on the part of its patrons is increased. I learn from private correspondence that the result of this fair



is likely to be the establishment of the hospital with a fund of \$200,000. And in New York, as you know, one lady has just given one hundred thousand dollars to the Homœopathic Ophthalmic Hospital. These will now be nuclei, around which will cluster other donations from devoted patrons and believers.

I hardly need to allude to the scurrilous address before the allopathic Medical Society of this State, last year, and its influence upon the public. Like the frightened snarl of a toothless old dog, it injured nobody but the snarler, while the public ear was gained for the manly and convincing reply of Dr. Burr. It does seem as though these venerable warriors might learn after a while that a gun which is so much more dangerous at the breech than at the muzzle had better be laid aside. But only a few have learned the lesson; and one alone, to my knowledge, has had the courage to teach it publicly. If you doubt my conclusion as to the benefits of allopathic bigotry, hear him, a man of good standing in the old-school ranks:—

“The line of treatment which the regular profession saw fit to adopt in the earliest days of homœopathy, and which they are still following, is generally bigoted and universally intolerant opposition. What is the effect of this opposition? It is to arouse in the public mind that generous American sentiment which ever exerts itself to see fair play between a big boy and a little one. There is scarcely an instance in which the regular profession, with all its accumulated prestige, has arrayed itself against homœopathy when the weaker party has not prevailed. And to-day, in the sight of the law and in the confidence of the people, homœopathy is the peer of regular medicine.

“The position of the regular profession in regard to homœopaths may be expressed in few words: we are not aware of their existence. They have no professional rights which we are bound to respect; and when forced by some layman to speak upon the subject, or to give an opinion upon homœopathy, the opinion is, that it is a ‘humbug.’ This line of treatment was bad enough when homœopathy was young; but now, when we stand on an equal footing before the law, and nearly equal before the public, it is suicidal.”

Such temperate and wise counsels as these, however, have no weight with the great mass of that school of practice; so we may still expect to have our cause furthered by both public and



private persecution, in all professional matters. Socially, all may be pleasant; but professionally, we shall still have no rights which a "regular" is bound to respect.

While we rejoice, then, that this opposition is now helpful to us, because we are now strong enough to stand alone and to help each other, let us with gratitude and regard remember those who have fought the bitter battle alone, and amid discouragements that would have dismayed all feeble souls. To such we owe much, very much; and we have them still among us.

But the greatest help of all, except the intrinsic value of homœopathy itself, is the last I will mention: *the character of the physician himself*. Much of the present prosperity of homœopathy is due, I doubt not, to the character of the men who have represented it. Of course there are black sheep and weakly sheep in every flock; but as far as my observation extends, the average of the intelligence, integrity, and force of characters is higher among our physicians than among those of the old school. I think there are inherent reasons for this. A crude and empirical mind is not apt to be attracted by the principles of homœopathy, nor to comprehend and embrace them. A man in haste to be rich, or desiring to become notorious, is not likely to choose these paths of sober and patient endeavor. A man willing to resort to any deflection from integrity for the purpose of securing advancement, will find the road far more open in the allopathic field, with its ready palliation and its sometimes doubtful specialities. Who are these men, for instance, who ply their satanic trade of child-murder, and set their spider-webs throughout the land by advertisements in the *respectable* newspapers? Under what name do they dispense their essences of death? Allopathic, — every one of them. Camp-followers they may be, but they are an inherent part of the system.

But with much for which to be thankful, we have, nevertheless, much more to desire. If homœopathy is ever to become the dominant school, as we doubt not it will, the time will be hastened or postponed just in proportion to the character of the men who practise medicine in its name. This is a vital point,

and one that demands our vigorous censorship, encouragement, and labor, just when each shall be most needed. The censorship is needed to repress the weak, the unstable, the lazy, and the vicious, who may seek our advice and aid about entering the profession. The encouragement, for all whom we judge likely to become worthy and effective laborers, even if their circumstances are somewhat adverse; and the labor we shall do well to expend upon ourselves.

Four qualities should we imperatively require : *sound common-sense; a good preparation; energy; integrity*. Lacking either of these four timbers, any physician whom you may aid in building will be a lop-sided affair. These requirements are so obvious that it seems almost needless to mention them; but a slight familiarity with the classes who are annually graduated from our colleges will convince any one of the necessity of some attention to them. The colleges have improved their curriculum of study and raised the standard; but all this relates to only one-fourth of the formation of a good physician, and for the remaining three-fourths we must depend upon the profession at large. We cannot, indeed, control the matter entirely, but can exercise a most powerful influence upon it. It comes within the scope of the examining professors in our colleges to ascertain whether a man has attained sufficient knowledge of the technicalities of medicine; but they cannot know and are not allowed to judge whether he has common-sense enough to make any use of his knowledge. It is not for them to say, even, whether he has a good preparation, in all particulars, as we will soon see. And they have no right to reject a man for any degree of laziness, or any supposed want of uprightness. King, a classmate of mine, a conceited ignoramus, was duly graduated, and in a few months poisoned his wife with arsenic, and now honors homœopathy in a Canadian penitentiary, notwithstanding that Hempel swore at his trial that repeated doses of one-fifth of a grain of *Arsenic* was proper in homœopathic treatment. Harhihan, another classmate, has been recently implicated in the sale of Eclectic diplomas at Philadelphia. And our class was a very good one, too, as classes go. The colleges have to make the best of the material which they get. It

is for the profession at large to see that they get good material.

What is included in the demand for common-sense? I mean by that, sound judgment, discretion, and an average mental capacity for the acquirement of knowledge. Some men with very good general qualifications seem to have a screw loose somewhere, or their balance-wheel is too light; and the balance-wheel is common-sense. Such people will always do or say some foolish thing just when they ought not to, and fail to do the proper and judicious thing when they ought to do it. Some of these people get into the practice of medicine, and others, still, will try to. If any such ask our advice or seek our aid, we shall be likely to know them well enough to be justified in discouraging their aspirations in this direction, and if there is concert of action in the matter, we shall be likely to succeed in the greater number of cases. Webster defines common-sense as sound practical judgment. I believe this to be one of the chief essentials of success in any undertaking, and particularly in the practice of a profession. We can all of us recall instances of men who were well informed, who were, perhaps, exceptionally well read in their particular profession, but whose knowledge was of little or no use to them when they attempted to bring it to bear upon a case. Such men are like one with a complete set of carpenter's tools; but who, when placed before a job, can do nothing, because he does not know which tools to use. Some men lose their common-sense in an emergency. Their faces pale, and their limbs tremble, and their judgment is gone, just where another man, with steadfast and well-placed self-reliance, feels his spirits rise with the prospect of some exercise of his powers. Such cannot be blamed; but they should seek some other field than medicine. Of course we cannot all be Solons or Solomons. In fact, I do not know that I have ever known a Solomon; but we have some very good men, and we want more.

The thorough preparation includes as a basis a good knowledge of all the sciences which make up medicine, and an especial knowledge of homœopathic principles and practice. All the clinical observation of any kind which can be added thereto is



of exceeding value. Here the question of money assumes considerable importance; but the expense of a medical education is not so great but that a young man of energy and ability, and not in too much haste to marry, can work his way through, as hundreds of worthy young men make their way through a four-years' course at a literary college.

There is much more to be learned, however, for a good preparation, than can be found at college. A determined student can take a wide range of reading, both professional and extra-professional, and should do so, in order to fit him to meet with well-informed people, and sustain the part of an intelligent man in general society. The social relationships must by no means be neglected. I have known men of very ordinary capacities to succeed very well and be generally respected, when a careful analysis of the reason would show that the chief one was their social urbanity. They were gentlemen. Ladies felt secure in their presence, knowing that there would be no awkwardness to shock them and no want of civility to wound them. Any one who supposes he can make oddity, or brusqueness, or independence, pass for genius, will find himself considerably mistaken. Any student who supposes that in the cultivation of his mind he can neglect that of his manners, will find it hard to make people believe his mind to be as well stored as he knows it to be. Those who have not had the benefit of good breeding in youth, must undertake the task for themselves by careful observation and practice.

I trust I do not give too much prominence to this. I have many times in my life seen men, particularly young men, whom I most highly esteemed, because I knew them well, but whom it was difficult to make others appreciate, simply for want of the polish on what was indeed a diamond, though in the rough. This is particularly obvious in introducing homœopathy into a new place. A young man of good address and agreeable manners, with other suitable qualifications, will wield many times the power against the old school that a man of like powers can with unprepossessing appearance. I have in mind at this moment two young men. The fine breeding and gentle but manly courtesy of one will win to him and to homœopathy

hosts of friends wherever he may locate himself. The natural uncouthness of the other, accompanied by the usual self-importance, will make him an unwelcome guest in any sick room.

Energy, however, is the mainspring, without which nothing will go. And energy includes patient perseverance and courageous persistence in overcoming all obstacles and hinderances. I have often thought that it takes most of the energy to begin many things, — to get out of bed, for instance, and start out on a stormy night. The worst is usually over when one gets started, and we generally go through. An energetic friend, whose practice requires very extensive driving, remarked to me, not long since, that he often believed it impossible to go over a certain road, through the drifts or mud; but he found that if he started he usually got through. This is a truth of general application. It is curious how much confidence the people put in a man of energy. They seem to have an instinctive recognition of it in his character, and to take him more or less on trust at once. A man of good judgment and knowledge they do not seem to rely upon unless he shows energy, because, I suppose, they doubt how much of his good qualities will be called out for their benefit. They usually credit an energetic man with more capacity than he possesses.

Homœopathy needs now, more than ever, to be pushed with vigor. It has a good start, and is on a favorable grade, but it will not do to shut the throttle-valve. Determined and vigorous enemies still assail it on every side, and eternal vigilance and activity is the price of continued progress. We want men, then, who are not too ease-loving, and have some stern stuff about them.

Promptitude is a part of energy, and is indispensable to any continued individual success, and, therefore, to the spread of the system. I know of no way to conduct a large practice, or to keep it, but by a systematic attention to every duty, and, as nearly as possible, at its proper time. This economy of time is only accomplished by energy and determination, and is the only thing that will enable us who are already in practice to keep up the necessary studies for our continued growth. For



one's personal satisfaction this must be done ; and I also believe it to be the only way to keep the confidence of the people. It has always seemed quite striking to me to notice how well the people at large know whether any professional man is a studious one, and keeps up with his profession or not. I can hardly understand how they know it, but they will tell you any time, and tell you rightly. It is for the honor of homœopathy that much energy should be expended in this direction.

And what shall we do without integrity, — that honesty of purpose which means to be all that one would seem to be? Without putting it upon the high ground of religious duty, as that is not now our theme, we all must desire to see our ranks kept well filled by men whom the people will learn to trust, because they will learn that they are men who tell the truth, and practise the truth, and upon whom no suspicion of any dishonorable or unlawful act can rest. I will confess that I do not believe that honesty is the best policy, in the lowest commercial sense. How easy to recall empty, dishonest, professional demagogues, — the truth compels me to say they are allopathic, — who thrive in practice chiefly by their brassy loudness, while all know that many suspicions, and even proofs of dishonor, rest upon them. Still, the people employ them while they doubt them. But if one's own heart's-ease is of any value, honesty is the best policy, and the solid confidence of the best in the community will be added to that reward. Far better for homœopathy, whose cause we are now considering, that it should be represented by men who are willing to slowly grow into public confidence by solid word and deed ; for the slow growth of this kind will surely last. I am truly thankful for the class of men who have, for the most part, represented homœopathy in this State. Many who have had no confidence in the practice have been led to try it because they trusted the men who practised it ; and trying it, they became convinced of its truth. It is within our province, and is certainly our duty, to use our influence to keep those men out of the profession whom we may justly judge to be wanting in sound integrity.

Brethren, I trust that my thought has not been pitched too much in the minor key, and that I may not have been in the



slightest degree censorious. I have only been thinking aloud, talking to myself, seeking to learn something, with you.

I hope we shall be able to aid and induce many worthy young men, having these four characteristics, to enter upon the study and practice of homœopathic medicine.

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## CLINICAL NOTES.

BY DAVID HUNT, M D., WORCESTER, MASS.

*Read before the Worcester Co. Hom. Med. Soc.*

### ARSENICUM.

DR. J. C. THOROWGOOD, in the *Practitioner* and *Edin. Med. Journal* for November, says that one-drop doses of Fowler's solution in half an ounce of infusion of columbo, allayed pain in the stomach, stopped vomiting of food, and enabled his patient to digest small quantities of mutton. He states that the small, irritable tongue, with projecting papillæ, and yellow or gray fur, indicates a case that will be benefited by arsenic. The more purely local the gastric symptoms, the better.

Every homœopathic practitioner can testify that the 3d or 6th attenuations will do all this promptly. Dr. Arthur Leonard, also, in the *Medical Times and Gazette*, July 23, bears witness to the efficacy of the same treatment in painful affections of the stomach and bowels. He increases the dose until constitutional symptoms appear; and among these, he enumerates soreness of the soles of the feet with a red rash on their sides. Before I had read this article, Mrs. K. A. G. complained to me of great soreness of the soles of the feet; when arising from a seat she could scarcely move at first; but after hobbling a little while, she could walk, although she then suffered much pain. *Ars.* is one of the two or three remedies that have these symptoms. She took a dose or two of *Arsen.*<sup>2</sup>, and awoke in the morning perfectly free from the pain, although it had troubled her for two days, and had increased during the whole of the day on which I gave her the medicine.

## IODIUM.

There is more allopathic homœopathy in cases reported by Dr. Schmitt, and found in the *Am. Jour. Med. Sciences*, for July, 1871. He mentions the case of a chlorotic female, who suffered from nervous headache, and whose menses returned every fortnight, accompanied by depressing diarrhœa; after all ordinary remedies had been used without effect, iodine, in doses of nine one-hundredths of a grain, cured her. Dr. Schmitt has cured other cases of profuse menstruation with this remedy, and also used it with much success in giddiness, headache, and epistaxis resulting from anæmia. He finds small doses more useful than large ones, one drop of the tincture being sufficient. He thinks that passive congestion is what the iodine cures, and that this condition is the cause of the various diseases which he has cured with iodine. Such an absurd explanation, when compared with even our present pathological knowledge, appears the veriest trash.

## ARNICA.

Dr. Balding, in the *Lancet*, December 24th, 1870, gives his experience with arnica in pneumonia. It was suggested to him by its great use in allaying irritative traumatic fever. A short time afterwards, Dr. Balding saw a railway porter who had been caught between two "buffers"; he found the patient almost in a state of collapse; the sternum was depressed, with consequent dislocation of sternal ends of both clavicles, and much pain in the chest. After replacing the sternum with much difficulty, he gave five drops of tincture of arnica every four hours. The pulse kept down; there was no febrile disturbance whatever, and in a few weeks the patient was well. He then began using it in pneumonia, and has never lost a case in which he employed it. "Do not be dismayed," says Dr. Balding, "if no improvement sets in during the first twenty-four hours; I am sure the effect will be unmistakable in forty-eight hours." As a parallel to this, take the following case from my own practice.

May 13, 1871. — Was called to a boy of fifteen, who had fallen

through a scuttle and struck on the palm of the right hand. I found the carpus dislocated forward, and the epiphysis of the radius separated from the shaft. I reduced the dislocation, put a pistol-shaped splint to the posterior surface of the arm, and a straight splint to the anterior surface, and sent him home.

But it is of the after-treatment that I wish especially to speak. Fearing that the boy would be very restless the first night after the accident, I gave him, in addition to the *Acon.*<sup>3</sup> and *Arn.*<sup>3</sup>, suggested by Dr. Chamberlain, a dose of ten grains of chloral; this made him crazy; so I relied upon the *Aconite* and *Arnica* alone. And at no time during the treatment did the boy's pulse go above seventy-six. He recovered with a perfect wrist, and with no other deformity than a slight amount of callus over the front of the right radius.

#### PUERPERAL CONVULSIONS.

June 20, 1871. — Was called to see Mrs. M., æt. about 28. She was advanced to near the latter half of the seventh month of her second pregnancy; the day previous she had walked a long distance and in the evening was attacked with considerable pain in the abdomen, and vomiting. Her face was pale and puffy and the eyes prominent. She felt very much bloated, and the feet and hands were œdematous; examined her urine for albumen; it almost completely solidified on the application of heat or of nitric acid. The microscopic examination showed some pale fibrinous casts, all of them small, and some studded with epithelium. There were also plenty of free cells that had undergone considerable disintegration. I anticipated puerperal eclampsia, and in case persistent convulsions should occur, I advised premature induction of labor by means of warm douche and Barnes' dilators.

The patient was put upon a very light diet, with meat only very sparingly. She took a hot air bath every day from Rouchetti's apparatus. Six days after, early in the morning of the 26th, I was called in haste, as she had a convulsion. I found her stupid, somewhat dozy from the effects of it. Her tongue was badly lacerated on its left anterior border. Dr. Chamberlain was called in counsel, and in concurrence with his



advice I gave the patient *Acon.*<sup>3</sup> and *Ignat.*<sup>3</sup> She had no other attack of convulsions. She was delivered on the 28th of a still-born child with hare lip and cleft palate, and some deformity of the genitals which I cannot accurately describe, for the father refused me the privilege of examining the body. Mrs. M. made a better recovery than the average of women, and is now in better health than before her pregnancy.

#### DYSMENORRHŒA.

Mrs. H., æt. 23, spare and delicate, complains of dysmenorrhœa and especially of very sharp, cutting pains about the waist; and a dull, grumbling ache low down in the front part of the abdomen. *Kali carb.*<sup>9</sup> relieved the sharp pains in five minutes, and if they recurred any time during the day the medicine would remove them. The dull pain was not affected by the remedy, but the sharp pains were what the patient always suffered from most; and these being relieved she forgot all about the dull ones.

Miss Julia B. complained of dysmenorrhœa. She had pain in the left side, with a constant urging to stool, though the stool would be of normal consistence; she had sharp cutting pains in the groins, and was very faint from them. She dreaded being unwell exceedingly, such was her horror of the sharp pains. *Nux vom.* relieved the urging to stool somewhat, and also made the pains more bearable; but, as she intends leaving town, she wants something to relieve her still more. I gave her *Senecio aureus*<sup>1</sup> to take during the month; and for the pain, two powders of *Kali carb.*<sup>9</sup>, in water, a teaspoonful to be taken every hour until relieved somewhat, then every two hours. The pains at her next period were not as bad as usual, but still considerable until she took the *Kali carb.*<sup>9</sup>, which relieved her altogether.

#### VERTIGO.

Mrs. G., an old lady of about 70, complains of vertigo if she looks too steadily at any object in the street. This has troubled her sometimes. The symptom is probably of a gastric origin. I gave her *Sarsap.*<sup>3</sup>; she has had no trouble with the vertigo since. It is only fair to say that about a week after giving *Sarsap.*, I gave her *Atrop.*<sup>3</sup> and *Arsen.*<sup>3</sup>, for gastralgia,

which they completely relieved. But the *Sarsap.*<sup>3</sup> was the medicine that cured the vertigo, and for a week, at least, it had kept her free from it before any other medicine was given.

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## MORTALITY STATISTICS.

BY E. M. KELLOGG, M.D., NEW YORK.

*Abstract of a Report to the American Institute of Homœopathy.*

THE following statistics of the comparative mortality of New York city during the years 1870 and 1871, were tabulated according to the medical treatment in each case, whether allopathic or homœopathic.

The Metropolitan Board of Health of New York city keep an accurate register of all deaths occurring in their district, which register includes the name of the attending physician in each case. In order to ascertain the comparative mortality under the differing methods of medical treatment, I have spent the last three months in analyzing these records, and now present to the profession and the public a brief statement of the result obtained by this long and careful research. I have thrown out of consideration all deaths in the hospitals, because such patients are subjected almost entirely to the old-school treatment, and should not, in justice, be included; and I have also rejected all still-born cases and coroners' cases, as they do not properly come within the pale of medical treatment; and have thus narrowed down the examination to those deaths which occurred in private practice only, during the years 1870 and 1871.

I find, then, that the deaths in New York city during the past two years, in private practice, amount to 39,634. Classifying this mortality according to the kind of practice employed in each case, I find that 30,395 persons died under the care of the so-called "regulars," or allopathic physicians in acknowledged good standing; that 2,530 died under the care of homœopathic physicians, and that the balance, 6,709, died under the care of practitioners, who, with the sole exception of the "eclectics" (who are very few in number), belong to no medical society, and cannot, therefore, be readily classified. These latter include the druggists and quacks of all kinds, who flourish



wherever the professional barriers are so completely thrown down as they are in this State, where the law allows any one to practise medicine.

To compare, then, the allopathic and homœopathic mortality intelligently, I ascertained the numbers of the practitioners of the two rival systems, and this is the result: 984 allopathic physicians lost 30,395 cases; 156 homœopathic physicians lost 2,530 cases, — averaging 30.89 *deaths to every allopath*, and 16.22 *deaths to every homœopath* practising in New York city during the past two years.

In other words, *the mortality under homœopathic treatment is, proportionally, only 53 per cent of the mortality under allopathic treatment*, where the physicians of the two schools have been practising side by side.

To offset the force of so astonishing a revelation of practical results, it has been urged that the homœopaths treat comparatively few of the poorer classes, and that their death-rate is less, because their patients are so largely composed of the wealthier and more intelligent part of the community. To satisfy myself on that point, I have collected the annual reports of our numerous city dispensaries, where the sick poor apply for medical treatment: and from them I learn that the seven homœopathic dispensaries treated in the year 1870 about one-fourth as many poor patients as all the allopathic dispensaries. And as those dispensary patients who died in their own homes are included in the above mortality statistics, the argument on this point is not against homœopathy, but in its favor.

Another question arises in this connection: How many cases of disease were treated by the two schools? And what proportion does the number of cases treated bear to the mortality under the two systems? This item can never be correctly ascertained as regards private practice, and I simply assume the fact that the average homœopath treats as many sick persons as the average allopath. That this is a fair assumption, will be readily believed by any one who will compare the apparent business thrift and the actual income returns of the two classes of physicians.

These statistics, and the logical inferences therefrom, I leave to the consideration of the thoughtful public.



## Surgical Department.

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WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

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### EDITORIAL.

THE STOKES TRIAL. — There rarely has been placed upon record a trial of such interest as that which has just closed, in which Edward S. Stokes was charged with the murder of Col. James Fisk, Jr. The notoriety of the persons concerned, the contradictory nature of the testimony, the line of argument adopted by the defence, the prominent position in the community held by the medical expert, and the crimination and recrimination upon the witness stand, — all tend to call forth a great degree of public attention, and to give rise to a wide diversity of opinion, in regard to the many minutiae of the case.

Those points in the trial which peculiarly interest the medical world, are : first, the testimony of Stokes himself ; second, the nature of the wound ; third, the treatment employed ; fourth, that opposition and personal feeling which — most unfortunately for the profession — was allowed to manifest itself in the testimony of the surgeons, under oath, upon the stand.

#### I. *Testimony of Stokes.*

It is well known that, for a period of time, there had been personal enmity between the accused and the murdered man ; they had crossed each other in many ways in business ; they had been rivals in *affaires d'amour* ; they were, at the very time of the shooting, engaged in suits against each other ; they had previously been in the courts of justice as opposing parties ; and this continued warfare had been going on for years. What effect may this have had upon an irritable and nervous temperament, such as that of the prisoner ? He tells it in his testimony, in answer to a question on his cross-examination : "*I always travelled in carriages, night and day, after my*

*troubles with Fisk, and should think, for twelve months, I asked persons to go with me to protect me."*

It would seem from this, and a good deal of other testimony, which it is needless to record, that the accused had a fixed and a firm idea that he was being pursued; this may either have been imaginary, or it may have been real; and supposing it not to have foundation in fact, it would make no difference as to the action taken.

The next portion of the testimony is very interesting. After a long detail of his actions during the morning, and his entrance in the Grand Central Hotel, the prisoner resumes:—

"I started to go down-stairs, when I saw Fisk coming up-stairs. He made a rush, and when he got to the platform he pulled out his pistol. I could not by any possibility be mistaken; I saw it as plain as anything I ever saw; it was a silver-mounted pistol; I was on a line with him, so I jumped aside and said, 'Don't fire,' and pulled out my own pistol and fired; I had it in my outside coat pocket, or I wouldn't have had time to draw it. I leaned over, cocked it with one hand, and fired; he held his pistol in both hands; as I fired he cried 'Oh!' He didn't stagger much at the first shot, and I fired again. I knew he would shoot me if I didn't fire; it was three or four steps down; he dropped his pistol on the stair after the second shot. I think Redmond was there when I fired the shot, but I saw a door open, and I'm pretty sure he was outside when the second shot was fired. Thomas Hart was not there. I dropped the pistol in the hall. I met Hill, as he has said, and said, 'There is a man shot.' I went down and said, 'Get a doctor; there is a man shot.' Some one shouted out I was wanted, and I turned right round. I hardly remember anything more. I did not deny shooting Fisk. I remember when I was taken before Fisk he looked up quickly and said, 'That is Stokes,' and dropped his eyes; he did not accuse me of anything, and I expected him to exonerate me."

This portion of the testimony has been regarded as evidence that Colonel Fisk made the first hostile demonstration; but there is nothing whatsoever, except the bare statement above given, that Fisk did make any such movement, or attempt any violence whatsoever; indeed, all the facts in the case tend to an opposite belief; and although Stokes swears positively "that he could not have been mistaken," and that he saw the pistol as

"plainly as anything he ever saw," and describes it particularly, as being "silver-mounted," and that "the pistol was held in both hands," and is, as we fully believe, impressed at the present moment with the entire accuracy of his statement, yet he was, in our belief, mistaken.

If he, as has been before stated, and as was proven by the examination of several witnesses, had made up his mind that he had been constantly watched by the emissaries of his foe, that his footsteps had been dogged, that his life was constantly in danger at every turn of the street; if he had made up his mind and fixed his ideas in such connection, then the slightest movement of Fisk, when they met upon the stairway, may have been construed as the act of drawing a pistol; and, to a vision distorted by a preconceived opinion, the weapon itself may have appeared perfectly real and tangible; and yet it may all have been a perfect delusion. Many such instances are upon record. The celebrated Winslow thus writes: "Such continuity and a concentration of the attention, accounts for the tenacity of certain conceptions, healthy, as well as morbid, in which the mind has taken a deep and abiding interest, and explains the fixed character of a particular type of ideas (delusions) which implicate in their operations the emotions, the passions, the imagination; as well as the reasoning and reflective faculties."

It is found in very many cases that the propensity to criminal actions, to murder, and especially to suicide, has its origin in what are termed by the psychologists "fixed ideas"; and it is well known that such may take possession of the most conscientious and honorable individuals, and that, when they do so occur, the spheres of thought and action are not affected, excepting in the one particular direction. Such mental conditions may be induced by hallucinations; but are, in the majority of instances, found to result from prolonged and continued thought on one particular or individual idea, which becomes more and more prominent until it enters into the very existence of the individual.

Such may have been the case in the mind of Stokes. We are candidly of the belief that Col. Fisk had no pistol, and consequently could not draw one; but are very willing, also, to con-



cede to a prisoner on trial for his life, that he fully *believed* that he saw the pistol, and acted in self-defence. We understand the delicacy of the point here at issue, and the great tendency at present, in every defence of the kind, to put forward a plea of insanity. Yet the statements of a prisoner at the bar of justice may be received; and when the story is told in such a plain and positive manner, we are fain to believe it, and can understand how, though in error, Stokes may still, in his own mind, be positive that such facts actually occurred.

## II. *Col. Fisk's Wounds.*

Col. Fisk was shot twice, once in the arm, and once in the abdomen. The latter wound is that which was regarded by the prosecution as the fatal one. The *post-mortem* examination was made by Drs. T. T. Marsh and D. Janeway; but the accounts thereof, so far as we have been able to glean them from the public prints, are neither connected or lucid enough to be satisfactory.

The ball entered at the right of the umbilicus, passing through the tissues of the abdominal wall about four and a half inches, in a direction downward and to the left; it continued its course, after it had entered the cavity of the abdomen, passing through the omentum and the mesentery, through two links of the small intestines, and in and out of the lower part of the colon, lodging close to the left thigh bone. The length of the wound from the point of entrance to its point of deposit, was twenty-two inches. According to the statement of Dr. John P. White, who was the family physician of Col. Fisk, there was "an appearance" of clotted blood in the abdomen, and according to the statement of Dr. Marsh, there was "some peritonitis." The brain was large, — weighing fifty-eight ounces, — and the liver was fatty.

No one, even without the pale of the medical profession, can doubt the severity of such an abdominal wound; and no one who has had any experience or reading in the profession, can deny that an amount of shock must certainly have followed such a gunshot injury. The question, however, arises, What was the

immediate cause of death? Was the wound itself sufficient in severity to kill Col. Fisk in eighteen or nineteen hours? or, did he die of shock? Herein comes the most contradictory opinions from eminent authority.

Upon referring to *Circular No. 6*, of the Surgeon General of the U. S. A., we find; that of 543 penetrating wounds of the abdomen, the results have been obtained in 414, and were fatal in 308, or 74 per cent. The report reads: "The number of recoveries is unexpectedly large, but includes only cases in which the report showed, beyond question, that the abdominal cavity had been involved." Then follows the record of several cases of great interest, one of which, that of Sergeant Morley, of the New York Vols., shows that a conoidal musket ball entered a little below the umbilicus, and to the left of the linea alba, and passed directly through the body, dividing the intestine in its passage. He was collapsed, and fæces escaped through the opening. The wound was inflicted on July 1, and on Oct. 27 the patient was sent home on furlough. Opium was freely administered during the treatment.

### III. *Treatment of the Case.*

To form a more correct judgment in the case, it is necessary now to look, at the treatment as detailed.

"Dr. Fisher reached the hotel shortly after the shooting, about ten or fifteen minutes past five o'clock, and administered about two ounces of brandy.

At 5:30 P. M., the patient was more composed. Respiration 24. Pulse 74, with an agitated and pallid look; pupils dilated.

5:45. — Prof. Wood arrived; a small amount of chloroform was administered and the wound probed.

6:15. — A consultation was called.

7. — One quarter of a grain of morphine was administered; the patient asked for more, and another quarter was given him.

8:15. — Ten drops of Magendie's solution was given.

9:35. — Twenty drops of the same administered.

9:45. — Patient "perfectly composed."

9:55. — Fifteen drops of Magendie's solution was hypodermically administered.

10:45. — More pain, and the hypodermic injection was repeated.

11. — Another consultation was held; the patient was quiet. Pulse 90; respiration 32; skin cool and moist.

11:30. — He was sleeping; was easily aroused; he took a drink of water and conversed with Dr. Wood.

12. — Asleep. Slight snoring. Pulse 100. Respiration 26.

1 A. M. — He awoke and asked for a drink of brandy and water, and received two ounces.

1:30. — Asleep.

2. — Pulse 126. Respiration 30. Patient expressed himself as feeling "first-rate"; two ounces of brandy administered.

3. — Two ounces more of brandy given.

4. — Condition unchanged.

4:15. — Dr. White came in, and the Colonel awoke, said he "felt easy," and asked for water; he took the tumbler in his hand, and poured therein some brandy and drank it.

5. — Sleeping (?) soundly. He was spoken to, but did not answer.

5:20. — Pulse 135. Respiration 20, and irregular. Extremities rubbed with ammonia, and an effort was made to administer brandy.

7:15. — Mrs. Fisk arrived.

8. — A consultation was again held. The pupils were contracted, but sensitive to light.

From this time there was a gradual diminution of pulse and respiration, and at ten minutes past 11 o'clock he ceased to live."

Such is the recorded testimony of Dr. Fisher. It may be mentioned here regarding this testimony, that it was given from a memorandum made by a Dr. Bowman, the original notes of Dr. Fisher having been singularly mislaid. The substance of the testimony of Dr. White, the family physician of Col. Fisk, is as follows:—

In probing the wound, he introduced the instrument about three and a half inches, and *felt a hard substance* which he thought was the bullet. At 9 o'clock there was a consultation with Dr. Sayre, at which time the patient complained of much pain; his pulse was 73, and his respiration 35. When Dr. Sayre saw the patient, about 12 o'clock, he advised a cessation of the opiates, and the administration of brandy, which treatment, according to the records, was adopted. Dr. Sayre felt sure, from



the extreme pallor, that the patient would die of shock, and advised him to have his will drawn.

According to Dr. Steele, at a quarter to 11 o'clock, P. M., Col. Fisk had "rallied." The doctor had seen him shortly after the accident, about six o'clock. The respiration was, just prior to 11 o'clock, 28; pulse 86. At a quarter to 12 o'clock, the patient was quiet and rational. Dr. Steele saw him again at 8 o'clock next morning, and found him dying; he believed, from shock.

Dr. Tripler also probed the wound, and assisted in the care of the unfortunate sufferer.

The testimony of the apothecary, Darius G. Farwell, in this connection, is important:—

"Q. What is your business? A. Apothecary, at the corner of Broadway and Amity Street; I carried on business there on the 6th of January last; on that date I received prescriptions from Dr. Tripler.

Q. What is the first prescription? A. Four grains of morphine in two ounces of water. Directions: a dose, a teaspoonful; a teaspoonful would be a quarter of a grain; there is another prescription for a pint of chloroform; there was also verbally ordered half an ounce of Magendie's solution at one time, and one ounce at another; but I don't know whether it was Dr. Fisher or Dr. Tripler who ordered it."

There are other minutiae of treatment which it is impossible to accurately give in this place.

The opinions of Dr. Wood, Dr. Sayre, Dr. Fisher, Dr. Tripler, Dr. Steele, Dr. White and others, is that the wounded man died of shock; by which, we suppose, is meant *primary* shock. How such a conclusion could be reached, it is most difficult to imagine, that is, from the testimony of the surgeons. We need not here detail the symptoms of shock, but can merely say that when a patient, after a gunshot wound in the abdomen, has recovered himself sufficiently to jocosely compare his sufferings to "the green-apple belly-ache of Vermont"; can use his hands to pour out brandy and water, and can drink the same; can call for more medicine to allay pain, and argue, that because he is "strong as an ox," it requires more to affect him than others; when the pulse is between 80 and 90 and the respiration 32;

skin cold and moist," and when a medical gentleman in attendance testifies to the fact, that "at 10:45 P. M., he had rallied from the time I saw him at 6," and that just prior to 11 o'clock the pulse was 86, and the respiration 28 to 30, — when all these things are remembered, where are the indications of shock? where is the pallor, the blueness, the cold surface, the fluttering pulse, the cool extremities, the gasping, the sighing, and those manifold symptoms that indicate a mighty deprivation or depression of vital force, which might certainly be expected if the patient was to die in twelve hours? we think Col. Fisk did not die of primary shock, but reacted from the first great danger.

On the defence, physicians and surgeons of eminence were placed upon the stand, and in their opinion the patient died from the effects of opium-poisoning; and they also testify as to the impropriety of the probing. Certainly there was a good deal of probing done; but if it merely was instituted to ascertain the direction of the wound, and was only passed through the adipose, muscular, and other tissues, and pushed no further, no injury — at least no fatal injury — could have resulted; for, as Prof. Wood remarked, "none but a crazy man would put a probe into the cavity of the abdomen." There is a rule in surgery, that is adopted by many wise and cautious men, never to probe an abdominal wound; as, in unexperienced hands, much harm might result. Be this as it may, and assuming that the probe was only passed through the superficial track of the wound, in the hands of Dr. White, it encountered "a hard substance," so hard, that he thought it "might be the bullet." And what is still more surprising, and at the same time inexcusable, is the employment of a broken, or imperfect, instrument. Again we quote:—

"Benjamin Howard recalled.

Q. Look at that probe (showing the probe with which Dr. Tripler operated on Fisk), is it perfect or imperfect? A. It is imperfect.

Q. In what respect? A. The screw of the joint is broken, the same that it might be through excessive punching; the eye part of the instrument is also broken; in a proper condition the probe would have an ovoid termination.

*Q.* It is stated that it was broken at the *post-mortem* examination; would not great force be required to break it?

*The Court.* — That is scarcely rebutting testimony.

*Q.* In that condition would you consider it safe to use to probe a wound? *A.* The probe might become entangled and drop into the wound; the other or jagged end might also cause hæmorrhage; these accidents would increase the shock.

*Cross-examined.* — If the thread were not perfect I do not think the probe could be fastened together.

*Q.* If it were not broken on the 6th of January it would not produce any bad effects, would it? *A.* No, sir.

*Q.* In what instances have you used the reverse end of the probe? *A.* When passing a seton, or, in fact, in any case. I would not probe at all for a gunshot wound in the bowels; a skilful surgeon would not, I think, probe for such a wound.

*Q.* Do you think Dr. Wood would use an imperfect probe? *A.* I can't say, sir."

With all the probing, however, even if a broken and jagged instrument had been introduced too far, it would not suffice, in our opinion, for the rapid death of Col. Fisk after apparent reaction had taken place.

If neither primary shock, nor probing, caused death, did the opium and the brandy, so profusely administered, kill the patient? Dr. Carnochan, Dr. Jacoby, Dr. Macready and others, are firmly of opinion that such was the case. The evidence of Dr. William Shine, examined by Mr. Tremain, was as follows:—

"I am a physician and surgeon; I am acquainted with Dr. Tripler; within three weeks of the killing of Mr. Fisk I saw him in Broadway, just below the Grand Central Hotel; he told me that he, himself, had administered 120 minims of Magendie's solution; he said that Dr. Fisher gave him one-third of a grain of morphia every two hours, and at the end of two hours they became so alarmed at his condition that they had to stop."

Dr. Carnochan testified that when he saw the patient he was not suffering from shock; that he had stertorous breathing, and that the opium was altogether too freely administered, and that the probing was useless.

Dr. Jacoby, well known throughout the country, when upon the stand, in answer to the hypothetical question, detailing an account of an exactly similar case and treatment, stated that



death was either caused by morphine or uræmia. The counsel asks, —

"Q. What is uræmia? A. It is a condition of the blood in which the urine is not properly eliminated through the kidneys. The case looks like that or poisoning by morphine.

Q But suppose upon examination the kidneys were found to be in a healthy condition? A. Then I should look for opium poisoning.

Mr. Townsend then read the account of the *post-mortem* examination of Fisk's body at the coroner's inquest, and asked the witness if he had an opinion as to the cause of death, — whether he could state if, in his opinion, it was from the effects of opium. A. Those minutes are insufficient. From those minutes no one would be able to say what the man died of.

Q. The kidneys are healthy; that excludes uræmia? A. Yes.

Q. From the *post mortem*, then, would you have any doubt as between uræmia and opium? A. No, sir.

Q. Would you think he died of shock? A. I would not think he died of shock.

Q. What would be the effect of eight to ten ounces of brandy, without nourishment, in addition to the morphine? A. I believe it would increase the narcotic symptoms of morphine."

The next expert, Dr. Benjamin W. McCready, gives directly his opinion: —

"Q. You are a practising physician? A. I am and have been for thirty-six or thirty-seven years. I lectured, a long time ago, on *materia medica*, and have lectured for twenty years on *materia medica* and therapeutics at Bellevue Hospital. I have heard all the medical testimony given in this case.

Q. What is your opinion of the cause of death in the case of James Fisk, Jr.?

Objected to, on the ground that a hypothetical case must be supposed and stated.

The counsel then described the condition of Fisk at half-past seven, and asked, Would you then apprehend any further danger? A. No, sir.

The counsel then asked what the witness would think of the described condition of Fisk at eleven? A. In a previously healthy man I should have no doubt that the man was suffering from narcotic poisoning; the symptoms are not those of recurring shock or peritonitis. I should suspect the presence of an opiate, and should, if I found that it had been given, conclude that an overdose had been administered.

Q. How much morphine is there in fifteen drops of morphine? A. A drop of morphine is a minim and a half—that would be twenty-two and a half minims—but the drop is a variable quantity; there would be three-quarters of a grain of sulphate of morphine if the morphine were dropped.

Q. How do hypodermic injections differ from administration by the mouth? A. The action is more prompt, and therefore the drug is more powerful; fifteen minims of Magendie's solution administered hypodermically is reported once to have caused death.

Q. What would be the influence of ten ounces of brandy added to the quantity of opium alluded to? A. It would increase the narcotic effect of the opium.

Q. If the man woke up and asked for water, would that show that the man had recovered from the effect of the morphine? A. No, sir; morphine dries the throat, and he would be very apt to ask for water.

Q. In the hypothetical case stated to you, what was the cause of death? A. I have no doubt that the cause of death was directly the effect of the morphine; it was not shock, nor peritonitis, nor uræmia."

The endeavor was made during this portion of the trial to cast a doubt on the minds of the jury, in regard to the testimony of the medical experts, by proving that they had received large fees for their services in this case. This is no time, nor is this the place, to enter upon this question. That medical experts should receive fees, and round ones, too, in giving to a jury, or a judge, the benefits of their life's experience and study; that they should be paid for the time they occupy in the court-room, absent from their business, to give their knowledge in any case, is perfectly right and just; and, indeed, we remember cases, wherein surgeons have refused to give evidence unless an honorarium was rendered. And we do not wish for any moment to accept the idea that a physician, or surgeon, for any amount of largesse could be bought over to any testimony, other than that which his wisdom, learning, and judgment dictated.

The amount of morphine exhibited in this case must have been between five and six grains, which, together with eight ounces of brandy, given in rather frequent doses, must have produced alarming symptoms. It must be remembered, also, that the morphine was not administered after midnight; thus



the quantity taken was given between about quarter to six and half-past eleven, when stertorous breathing was noticed. With regard to the question put by Mr. Fullerton to Dr. Jacoby, "Why do you say that he died of morphine poisoning when the *post mortem* shows the brain was healthy?" It may be stated, that the appearances after death, of those poisoned by morphia, and the only ones which can be referred to the action of the drug, "are fulness of the vessels of the brain, with occasionally serous effusion into the ventricles." Therefore, we may infer that in many cases serous effusion is absent, and nothing exists but a fulness of vessels, which might or might not be noted as belonging to a pathological condition. On this subject Taylor writes: —

"On the whole, notwithstanding the recoveries from large doses, we are justified in regarding it as rather the exception to the rule, that a person not used to the drug, should escape, who has taken more than two grains of either salt."

Dr. Vassal states, that when he gave in one day, more than three grains of the acetate to a patient, narcotism was invariably produced." Again, he says, "symptoms of poisoning have certainly been produced by one grain."

On the other hand, Dr. Hammond, whose large experience in military surgery gives him a high position as authority, testified, that he had frequently given two or three grains of opium every two or three hours, and that he "would be willing to give ten or twenty drops of Magendie's solution, every two or three hours, perhaps more, as he (Col. Fisk) was a strong man. If the pain continued, he would scarcely put a limit to the amount." However, he qualifies in a measure his statement by his remark, "But I did not see the case. I have seen one case of opium poisoning, where the patient's respiration kept up to sixteen or eighteen."

The question, therefore, as regards the death of Col. Fisk, as produced by morphine, looking at it in a calm and impartial manner, and weighing well the testimony of both sides, must ever be involved in a certain amount of obscurity; but that the drug in question was used in an injudicious manner, cannot but be allowed.



If, then, Col. Fisk did not die of primary shock, if he did not die of the probing, and if it cannot be positively ascertained that he died of narcotism, what was the cause of his death?

There is a condition of the system frequently noted in gunshot injuries, after the patient has apparently rallied from the *primary* shock, wherein he himself is deluded; he feels comparatively better; he may fancy himself almost well; nature has endeavored to rally her sinking forces, and has apparently succeeded; but the injury has been too great; the vital powers give way, and a secondary condition results which is quite as formidable though more insidious than the first; this is *secondary* shock. Col. Fisk probably died of *secondary* shock, which was increased by the depressing effects of the large amount of morphia which he had taken. Such a condition would seem to explain the reaction first noted; it would account for the stertorous breathing and contracted pupils, and would be a likely sequence to such a severe injury. It should also be stated, in all fairness, that in such a wound, the prognosis from the first must have been very unfavorable.

#### IV. *Personalities.*

We wish we could here leave the subject; but we cannot do so without an allusion to the manner in which personal quarrels and jealousy were made prominent before the public during the examination of the medical experts. For instance, during the examination of Dr. Carnochan, the following was elicited, which the newspapers headed, in capitals, "A dash at Dr. Sayre":—

*Q.* (By Mr. Fullerton.) What school of practice do you belong to? *A.* The allopathic school. I belong to the school of medicine that cures diseases.

*Q.* Are you in entire harmony with Drs. Wood and Sayre? *A.* As far as practice goes, I certainly would not probe a wound or use so much morphia.

*Q.* Are you in harmony with their general practice? *A.* I do not know what their general practice is.

*Q.* Don't you know there is a kind of professional warfare going on between the different schools? *A.* Now, I will tell you; I am a graduate—

*Ex-Judge Fullerton.* Answer my question. *A.* In such a case as this there certainly would be.

Q. Is not there a warfare between the different schools?

A. Of course we differ in our systems.

Q. I don't care anything about systems; is there not a warfare between the respective systems, whatever they may be?

A. Tell me the system.

(Judge Ingraham repeated the question.) A. There is none that I am aware of. Dr. Sayre has stolen some of my cases, that is all.

*Ex-Judge Fullerton.* Ah, ah! that is it. I thought so.

*Dr. Carnochan.* I never took anything from him, because I don't think that there is anything to take.

Q. Have you met him in consultation? A. Yes, sir.

Q. You say you have taken nothing from him because there is nothing to take? A. Yes, sir; because he has not taken any particular step in science. He boasts a good deal.

Q. How do you estimate him? A. I don't estimate him at all. My estimate would be unfavorable.

Q. What about James R. Wood? A. I think he is a good doctor.

Q. Would you rely upon his skill? A. Yes, sir. Not in all cases, however. I would differ in ordering so much morphia.

Q. You say you would not have probed the wound. Would not you have probed it so far as the adipose matter is concerned? A. Of course.

Q. If the probe didn't enter the cavity of the bowels, would it do any harm? A. No, sir.

Q. It would not induce peritonitis? A. No, sir.

Q. Will you tell us the precise condition in which the patient was when you saw him first? A. He was lying passive, breathing tranquilly, pulse 73 or 74, and was somnolent; paid no attention to me when I went in. I sat beside his bed for some time. Dr. Tripler —

*Mr. Fullerton.* I object to your mentioning Dr. Tripler. A. I must if I answer your question.

Q. Then you need not answer it. A. I was only going to say that Dr. Tripler said, "Here is Dr. Carnochan," to Mr. Fisk.

Q. Did you leave soon after that? A. A quarter of an hour probably, or a half. I sat in the anteroom, and soon heard Mr. Fisk breathing heavily, — apoplectic breathing.

Q. Was there any indication of shock in Mr. Fisk while you were there? A. No, sir; except pallor.

Q. repeated. A. Yes, sir. His face was quite pale.

On the next day, the papers were full of all sorts of sensational headings, of which the following is a sample: —

## A SCENE.—THE DOCTORS AT EACH OTHER AGAIN.

*Q.* Were you present when Dr. Carnochan was present, on the evening of the shooting? *Dr. Sayre.* No; Dr. Carnochan was in the other room, but I refused to meet him in consultation; Dr. Carnochan did not see Mr. Fisk in my presence.

*Mr. Tremain.* How far is this going to be allowed?

*The Court.* As I understand it, it is in contradiction of what Dr. Carnochan testified to.

*Mr. Tremain.* In what respect?

*Dr. Sayre* (excitedly). He said I stole cases from him; I never stole anything from any man. He talks of stealing cases as he would steal dry goods from cases at Quarantine. (Sensation in Court.)

*Dr. Carnochan* (rising). I demand the privilege, your honor, of a

## PERSONAL EXPLANATION.

*Mr. Tremain* (thundering out his protest against the unseemly scene). Your honor, we are not here for the purpose of trying personal matters between these doctors. This is not the court to determine their quarrels, and I cannot let this proceed without protest. I object to any inquiry being held here into the private quarrels between this witness and Dr. Carnochan.

*Mr. Beach.* Your witness, Dr. Carnochan, volunteered to assail and calumniate a brother practitioner; and, when asked whether he retaliated on Dr. Sayre, replied by saying Dr. Sayre had nothing valuable to steal; and it is right to allow him to reply to the causeless calumnies of such a witness as Dr. Carnochan.

*Dr. Sayre.* Thank you, sir.

All the counsel for the prisoner rose simultaneously. Mr. Tremain, in great indignation, protested against these attacks on Dr. Carnochan. The defence protested against being made parties to a contest between two doctors. He protested against

## TURNING THE COURT INTO A BEAR-GARDEN

to determine the controversies between gentlemen of the medical profession. We are here trying a case of life and death, and not to try matters as relating to quarrels between these medical gentlemen.

*Mr. Beach.* It was drawn out by your own witness in an attempt to disparage the character and professional ability of the witness on the stand.

*The Court.* We have nothing to do with any enmity that may exist between these men.



*Dr. Sayre.* There is no enmity; but to charge me with stealing cases from him —

*Mr. Tremain* (interrupting angrily). Your honor, is this witness to override the Court? It is highly improper for a witness to assail a man in his absence.

*Mr. Fullerton.* Dr. Carnochan assailed him in his absence.

*Mr. Tremain.* You drew it out on cross-examination, and did not protest against it.

Judge Ingraham put a stop to the unseemly broil by excluding the question.

*Q.* You saw the patient before and after Dr. Carnochan saw him? *A.* Yes; there was no stertorous breathing when I saw him; I refused to meet Dr. Carnochan.

*Mr. Tremain.* I object to this again, — to this man exhibiting his malice here in Court.

*Witness.* There is no malice.

*The Court.* I will put a stop to this. Answer the question only.

*Q.* Immediately after Dr. Carnochan came from the room where the patient was, did Dr. White go in? *A.* Yes.

*Q.* Did you see the patient immediately after that? *A.* Yes.

*Q.* Was there any heavy apoplectic breathing then? *A.* No.

*Q.* What was the condition of the patient then; did he know what he was about, and did he talk to the doctors? [*Objected to.*]

*Q.* State what was said or done by Colonel Fisk when you went into the room after Dr. Carnochan had left? *A.* Colonel Fisk said that he wanted Dr. White to attend him, and wanted Dr. Wood and myself to be consulting physicians; and on that account the others were dismissed, *one of whom will not be mentioned by me again.*

*Mr. Townsend.* Is hip disease your specialty? *A.* No, sir; it is not; I have written on other subjects; I have treated a great number of cases of hip disease. Mr. Fisk's eyes were not abnormally contracted; they contracted under the influence of light.

*Q.* You say that you have patented —

Dr. Sayre called on the Court to

PROTECT HIM FROM INSULT.

I consider that an insult; I have invented certain things, but I have never patented one; some of my inventions have been questioned, but my priority was acknowledged; I had

trouble with Dr. Ruppaner and he was expelled from the profession for dishonorable conduct. I had trouble with Dr. Steele ; he has no retraction of mine in his possession unless it is a forgery.

To the Court. The great ganglionic plexus was injured by the ball.

To the District Attorney. Dr. Carnochan's name is not in the "Medical Register."

In this case, which we have endeavored briefly to detail, the directly contradicting testimony of the experts for the prosecution and defence ; the personal altercations between the doctors ; the definitions of disease as understood by different parties, and the outside remarks which were made by physicians, must have greatly mystified the jury. And so it appeared ; for one of them, after their discharge for non-agreement of verdict, stated distinctly, that in canvassing the matter the medical testimony was entirely excluded.

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ABDOMINAL WOUND UNDER HOMŒOPATHIC TREATMENT. — The following case, copied from the *New York Evening Telegram* of July 11, will be interesting to our readers in connection with the above case ; particularly as this patient was in the hands of a homœopathic practitioner, Dr. Melville Bryant, of Brooklyn, whose treatment proved a credit not only to himself, but also to our school.

#### ARE ABDOMINAL WOUNDS FATAL? — A PARALLEL TO THE FISK CASE.

It is generally supposed that gun-shot wounds in the abdomen prove fatal, and the patient dies a painful and lingering death. Many physicians, however, maintain that even when some of the more important intestines are severed there is a chance of life ; and in the testimony recently given in the Fisk trial the experts maintained that he died of malpractice, and not of his wounds. Be this as it may, the following remarkable recovery seems to corroborate, in some measure, the testimony given : — On the fourth of July, Geo. R. DeMilt, a young man nineteen years of age, residing at 181 Fort Greene Place, Brooklyn, while engaged in handling a pistol, shot himself in the abdomen, the bullet remaining among the intestines. This

occurred about nine o'clock in the morning. Half an hour after the accident Dr. Melville Bryant, of 306 Adelphi Street, was called in to treat the sufferer. Without attempting to probe the wound for the bullet, and abstaining from the administration of either brandy or morphine, Dr. Bryant had his patient placed in bed upon his back, with his knees raised so as to relieve the muscles of the abdomen, and with instructions to keep perfectly still. At the same time he administered a dose of tincture of aconite to the sufferer, and placed a compress wet with a solution of calendula upon the wound and the abdomen. In that condition and under that treatment the patient was kept all that day. The pain was not, in the evening, very acute; the respiration was regular but the pulse was weak. About midnight there was little change, except that the abdomen was very tender to the touch and tympanitic. On the following day there was simply an increase of those symptoms; no nourishment was allowed except a little milk and iced tea.

On the third day, the condition of the patient seemed rather worse; the countenance was sunken, the temperature of the body much diminished, the extremities cold, the pulse very low, eyes glassy, and the mind wandering, but still conscious, and he would answer questions when thoroughly aroused. Arsenic was at this point prescribed in small doses, to be taken every hour, and this was followed by a marked improvement. Next morning, the pulse had become stronger, the abdomen less tympanitic, and not so painful when touched. The patient expressed a desire for food, which was given him in the form of beef extract and rice-water. In the evening the wound began to show signs of healing, being now partially glazed over. This improvement was still more manifest on the fifth day. The pain had almost entirely disappeared from the abdomen, and the patient expressed himself as able to sit up, if allowed. He was not, however, yet permitted to abandon his place in bed; but the diet was increased, and he was given some ice-cream, to be taken in small quantities and dissolved in the mouth. On Monday, the sixth day, the pain had all gone, and recovery had become certain. On Tuesday he was found to be entirely out of danger, and getting up, with the consent of Dr. Bryant, walked across the room, saying, as he did so, that, apart from a little weakness, he felt as well as ever he did. He was still further improved last night, and will undoubtedly be all right before the end of the week.



## The New England Medical Gazette.

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BOSTON, AUGUST, 1872.

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HOMŒOPATHIC STATISTICS AND LIFE INSURANCE. — Every physician of our school feels assured of the superior efficacy of homœopathic treatment; while not a few allopathic physicians are equally certain that their system is the only one capable of benefiting the sick, and that homœopathic medicines are but the merest moonshine. To meet this state of things, facts are the most convincing arguments which we can offer. Statistics, clearly and carefully given, will do more for us than the longest arguments and the most plausible theories.

On this account it has given us great pleasure to see the carefully-prepared statistics reported to the American Institute of Homœopathy by Dr. E. M. Kellogg, of New York. We should have been glad to republish this paper in full; but, as it was presented to, and is the property of the American Institute, we content ourselves with the very full abstract already printed. These statistics are prepared at the instance of the Homœopathic Mutual Life Insurance Company, of which Dr. Kellogg is Vice-President and Medical Director. They are the result of a careful examination of the mortuary record of New York city for the years 1870 and 1871. Upwards of 40,000 cases of death were carefully examined, and for the sake of securing the greatest accuracy, they were all examined and collated three times, so that there might be no danger of error in any particular. It was a Herculean task; but any one who knows Dr. Kellogg will feel sure of his ability to do this work thoroughly.

And, in speaking of this insurance company and its officers, we cannot omit a tribute to them for their efforts, not only to secure life insurance to homœopaths at a cheaper rate, but also to strengthen our cause. This benefit has come in more ways than one. Before homœopathic life insurance companies were established, many of the old companies, impelled by the bigotry and prejudices of their medical examiners, refused to receive, or acknowledge, any examination made by a homœopathic physician; and some even went so far as to deny the validity of their certificates as to the cause of death. Fearing that the influence of homœopathists would be concentrated in favor of their own companies when these were started, almost in-

stantly the capitalists, caring more for dollars than for medical opinions, changed their base and bid high for homœopathists as medical examiners ; and we regret to say that too many homœopathic physicians turned their backs upon companies established for their own defence, and accepted positions where their influence was opposed to these same homœopathic companies.

This was the great discouragement to the Hahnemann Life Insurance Company at Cleveland ; and after combating it for years, they felt that, if homœopathic physicians did not care to sustain them in their efforts, it was better for them to sell out their company, — as they did, — where they could do it to the greatest pecuniary advantage. We believe it was a great mistake that the Cleveland and New York companies were not then consolidated, as they would have made one of the strongest in the country. But, since it was not done, the Homœopathic Mutual determined that no lack of effort on its part should throw any doubt upon the system of medicine which it advocated.

The company had passed through the period of doubt and uncertainty incident to all young companies. It had a large amount of assets securely invested, and it only required the efforts of its friends to give it a splendid success. Within the past year this has more than ever before been obtained, and we hesitate not to say that this company, to-day, is in a strong and safe condition, and every friend of homœopathy can securely invest his money here, either in stock or policies. Now, every additional dollar it receives, and every policy it issues, will be not only securely invested, but will add to the importance and influence of the company. We therefore call upon all homœopathic physicians to cordially and heartily assist in what must inure to their own advantage. Let them not only take policies themselves, but advise their most healthy, vigorous patients to do the same. Let them aid the company by recommending suitable agents, who would work earnestly, energetically, and judiciously for the welfare of the company. The physician knows who are suitable persons for insurance, and an encouraging word from him would often be of the greatest service to the agent. In these and other ways we can not only help the company, but render a service to ourselves, our patients, our cause, and the community.

Homœopathy “expects every man to do his duty.”

## REPORTS OF SOCIETIES.

## ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

THE eighteenth annual meeting of this society was held in the Council Chamber, Chicago, May 14, 15, and 16, 1872, President E. A. McAfee, M.D., of Mt. Carroll, in the Chair. The following report is prepared from proof-sheets kindly forwarded by the Secretary.

## FIRST DAY.

The meeting was called to order at 10 A. M. Early and ample tribute was paid to the memory of the late M. D. Coe, M.D., of Beloit, and later to that of G. W. Perrine M.D., of Milwaukee. After the President's Address the association took a recess till 2 P. M.

PSYCHOLOGICAL IMPRESSIONS ON THE FŒTUS. — J. Antis, M.D., of Morris, proved that ante-natal impressions on the mother greatly influence the moral and physical nature of the child. It was even contended that the impulses and ambition of the greatest statesmen, theologians, and physicians had their origin, in many cases, in the influences which affected the mind of the mother. In this way Dr. Antis accounted for certain constitutional antipathies, aversions, loves, and affections, also for kleptomania and various other criminal as well as virtuous impulses which govern the whole life of certain men and women. These influences are not recognized as they ought to be by our courts in sentencing persons who have been led into crimes by their operation.

Dr. Duncan believed that mothers should know and appreciate the great influence they have over the physical, mental, and moral development of their unborn children. He went so far as to tell the mother she could make the child just what she chose.

Dr. Hale suggested that certain remedies might be administered to the mother which would influence the disposition of the child, and gave a case illustrative of such action. A mother had obstinate, wilful, headstrong attacks, and the children were of a similar disposition. He gave her during gestation *Nux*<sup>3</sup>, thrice daily, and the next child was very much more amiable.

MEDICO-PSYCHOLOGY. — T. C. Duncan, M.D., of Chicago, gave recent facts on the influence of the mind on the body. Flint thinks more patients would recover if they willed it. Dr. Tuke explains the *modus operandi*. Thought strongly directed to a part congests, while strongly directed away, it lessens its sensibility. The best analysis of the mind was Raue's, in *The North American Journal* for August, 1871. The experiments of Brown-Sequard and others, were cited showing the direct nerve connection of the brain and bodily organs. The new mental remedies were *Datura arborea* and *Tarantula*.

INFANTILE CONVULSIONS. — Dr. F. H. Van Liew, of Aurora, thought their remedy was to remove the cause. Vile nursing-bottles and rubber nipples were exciting causes, and an ante-natal cause was the unreconciled condition of the mother's mind to maternity. Want of air and light were also causes.



A. E. Small, M.D., had found no two cases alike. Their causes are various. Remedies must be affiliated to each case. In some cases *Veratrum viride* acts well; *Bell.*, when there is flushed face; *Cham.*, when caused by the irritation of the teeth; *Hyos.*, when from fright.

J. S. Mitchell, M.D., was, at the present time, treating a case of convulsions resulting, he thought, from a peculiar habit the wet-nurse had of using tobacco. She would roll a cigar in a piece of linen, and suck it until every particle of juice was extracted. As soon as the child was weaned, convulsions set in and continued for ten weeks. During that time there were nearly two thousand convulsions. From fifty to seventy-five would occur daily for several days in succession. On other days they would not be oftener than once in three hours. The child has cold sweats, and paralysis of the left side — hemiplegia. When the child had had about nine weeks of allopathic treatment, I was called in to attend the case. I gave first *Ipecac.*, *Camphor.*, and *Nux vomica* — first in high attenuation (30th), then in lower (3d), in hopes to antidote the effects of the tobacco. They had no effect — convulsions continued as before. On again studying the case I found it presented a perfect picture of *Belladonna*. I gave the 30th, but the convulsions continued, and were worse than usual, that is, occurred more frequently. I then gave *Bell.*<sup>3</sup>, and after the first dose the convulsions ceased. Just before giving the *Bell.* I had placed the child partially under the influence of *Chloroform*. I was convinced that the remedies acted favorably, and suspended the further use of *Chloroform*. It is now eight weeks since, and the child has had no return of the attacks. The chorea-like movements which existed between the convulsions, and which are characteristic of *Bell.*, ceased after a few days. Hemiplegia and the cold sweats remaining, I again gave *Nux*<sup>30</sup>, which gradually effected the desired result. The cold sweats ceased, and the paralysis was overcome. Movements of the arm and leg are now almost perfect.

H. B. Fellows, M.D., of Chicago, had used *Cicuta* and *Stannum*<sup>30</sup>, with good result, when indicated. The great point is to find the true remedy.

T. C. Duncan, M.D., said that the pathology of these cases was interesting. He thought convulsions due to irritation of the cerebellum. He had remarked the absence of convulsions among the children at the Chicago Foundlings' Home. The reason was that the cerebellum was not developed. When the child was old enough to begin to use its hands and feet, and the cerebellum began to develop, convulsions were most frequent. We do not meet with convulsions in America so often as they do in Great Britain. Our children are not so full-blooded. There is an opposite condition (anæmia) that, in our American children of great activity, often gives us convulsions. These subjects are usually very thin, and the same condition of cerebellum is present as in the convulsions of an animal slaughtered — sudden anæmia. This condition explains, he thought, the convulsions attendant on prostrating diseases, as diarrhœa, cholera infantum, teething, etc. *Belladonna* evidently corresponds to the first or con-

gestive type, but is of little benefit in the anæmic cases, except in large doses. *Zinc.*, *Tart. emetic*, and similar remedies corresponded to the anæmic type.

MEDICAL EDUCATION. — A. E. Small, M.D., made a verbal report on Medical Education, stating that the plan he presented to the Association one year ago, i. e., that "time" should not longer be considered as a *sine qua non* in the college at the final examinations, and that the studies should be graded, had been substantially adopted by the Hahnemann Medical College of Chicago, and embodied in their announcement of this year.

#### SECOND DAY.

CANCER AND CARBOLIC ACID. — A. G. Beebe, M.D., of Chicago, read an interesting pathological resumé for the year. He laid great stress on the point that all morbid growths are *due to deranged nerve-force, and cell development*. *Carbolic acid*, in his opinion, stood high as a remedial agent.

Dr. Danforth was interested in statements made last year, by Dr. G. D. Beebe, with regard to the use of *Carbolic acid* in cases of cancer. But he had used it in high and low potencies with no good results in carcinoma. His experience in some half-dozen cases did not corroborate that of Dr. Beebe.

A. G. Beebe, M.D., said the statements of his brother were misunderstood by Dr. Danforth. He did not rely upon *Carbolic acid* to remove the mass. This was effected with the knife, and the acid given to prevent re-development. He did not himself believe that the acid destroyed the formed cancer cells. It must be remembered that it was necessary to keep the wound open.

T. C. Duncan, M.D., regarded the remedy dangerous, and one that should be used with caution. It would produce depression and syncope — as he knew by personal experience — and disorganization of cells. For that very reason it was no doubt homœopathic to some cases of cancer, a disease evidently due to lowering of the vitality of the cell, there being just enough to duplicate the nuclei. The cutting, and the action of all the agents used, gets up an inflammation, a plus or over-activity of the cell. Cundurango depresses the system, and produces a most cadaverous odor, and is no doubt homœopathic to many cases; but in those cases big doses kill, while in others it is not indicated and useless, as the allopaths have proved. In cancer the trouble is to select the right remedy, and to handle it skilfully. He believed this disease is as curable as any, taken in time, and assisted by diet. He cited cases of evident mammary cancer benefited by *Carbo*<sup>30</sup>.

CONSUMPTION. — J. S. Mitchell, M.D., showed from statistics that during one year, up to June 1st, 1870, the total number of deaths from consumption in the United States had amounted to 49,000, of which 26,000 were females. It was claimed upon reliable authority that no case of consumption resulted from neglected catarrh, but more frequently from colds and vitiated air. The Arabs were entirely free from consumption, from their habit of sleeping in the open air. Phthisis was known all over the world, among the Russians, the Lap-



landers, and even in the tropical climates. A change of climate in cases of consumption, except in its incipient state, could not be recommended. Above certain altitudes phthisis never originated, and therefore the mountains were unquestionably the most healthful for consumptives.

T. C. Duncan, M.D., spoke of the advantages of the use of oleaginous food in cases of phthisis, as furnishing the key to the pathology of this disease. He thought the lymphatic system the one affected. Inflammation, as stated by Niemeyer, might derange the lymphatics, but he believed, in the majority of cases, the deranged lymphatics accounted for the diseased lung tissue. He thought atrophy of the lymphatics gave miliary tubercles, while hypertrophy gave gray or moist tubercles. In the former, oil did good, while in the latter it did harm.

TOPICAL APPLICATIONS.—R. Ludlam, M.D., presented a report on Uterine Surgery *vs.* Uterine Therapeutics. He compared the two, and protested against an implicit reliance upon either of these methods of cure, as there was a proper time for using either medicine or surgery.

W. H. Woodyatt, M.D., said: The subject is opportune, and worthy of careful consideration. No one can look over the field embraced by the specialties named, without observing the decided preference shown by the various authors for surgical appliances. Constitutional medication is almost ignored. If a diseased organ, or any part of it, can be brought under immediate gaze, or within reach of topical applications, that seems to be the signal for the entire abandonment of internal treatment. A different conception of pathological conditions has given birth to a new therapeia, which is recommended without regard to the achievements of the past, when *subjective* symptoms chiefly suggested the remedy. This may be natural, — an outgrowth of the former state of things, and forming its opposite extreme. But between them there lies a golden mean. Proper surgical interference is wholesome and laudable, but medicine also has its sphere; its recognition doubly arms us, and enables us to combat disease with twice the power.

In the earlier days of aural surgery, if indeed it deserves the name, nearly all the diseases of the ear were treated internally, with very indifferent success. The introduction of otoscopes, catheters, air-bags, etc. has completely revolutionized this matter, so that to-day local treatment is regarded as the all in all. But a careful comparison of results obtained by local appliances alone, and in combination with well-directed internal remedies, will satisfy the investigator of the superiority of the latter mode of procedure. Each does its work, and serves as an auxiliary to the other. Take, for instance, chronic catarrh of the tympanum, early involving the eustachian tube. This disease is subject to repeated aggravations, so that mucus is prone to collect in the drum and tube, giving rise to adhesion of the ossicles in the one, and obstruction in the other. The use of the catheter, or Politzer's bag, will dislodge this mucus, and greatly improve the case; but the administration at the same time of the proper remedy inter-



nally will place the mucous membrane in such a condition that it will not be affected so easily by the influences which render the mechanical appliances necessary, and the improvement will be proportionally more rapid.

The introduction of the laryngoscope has had the effect of establishing an almost exclusively local treatment for throat diseases by the other school. Indeed, it has been said of a prominent specialist in this department, that he takes the ground that any inflammation that can be *touched* can be cured. In our school, too many satisfactory results have followed the internal administration of remedies suggested by symptoms alone, to permit of their being abandoned or slighted, simply because the workings of the disease are brought directly before the eye. Such a tendency should be checked, and the improved apparatus at our command for the study of pathological conditions should be used to establish with more distinctness the exact sphere of action for the internal remedy.

In diseases of the eye the same truth applies. Very few external difficulties receive anything but local treatment; yet it is well known to all present, what may be accomplished by internal medication. In some cases that are regarded as strictly surgical, such as pterygium, entropium, and ectropium, the response to remedies has been most happy. They will not suffice in every instance, but that they will in some, is reason for their being remembered and duly tried. To neglect or overlook them, is to disarm ourselves in a combat that requires every weapon at our command.

H. B. Fellows, M.D., said: I quite agree with the idea stated in the paper just read, that there are some disorders of the female organs that should be considered as strictly within the surgical sphere, — some in which medicine can, at best, only aid in the cure; but that surgery is relied on in many cases where proper homœopathic treatment will do better. I also agree with the paper in regarding as desirable the re-provings of many remedies, that we may learn more accurately their action on the female genitalia. It would perhaps be impossible to find perfectly healthy women that would submit to the examination hinted at by the author of the paper, to prove the remedies, yet much may be learned by new provings, studied by the aid of science. I was called to a case that will illustrate this point. It was of a lady who had suffered for a long time with ulceration of the cervix uteri—so pronounced by the physician who treated her. Also a vulvular fistula had formed. She had been treated by some who claim a considerable reputation as specialists — “womb-speculators” a friend of mine calls them. The treatment had been mostly local, but no improvement manifested itself. I put her upon internal treatment, and improvement soon began, and continued until she was restored to good health. And although I dismissed the case without an examination to demonstrate ocularly that the ulcers had healed, no symptoms have returned as yet, now nearly a year. This was a homœopathic success where surgery had failed, but a success which ought to have been gained long before, and with the means then on hand. Another case for which I prescribed but two days ago, was

one of dysmenorrhœa in a lady who had been a severe sufferer during her entire menstrual life. A couple of doses of *Sabina* removed all pain in an hour's time, which I was assured had never been accomplished before. She had been treated by homœopathic physicians before, but they did not make the best use of what we have of *materia medica*. A failure which was merely a lack of knowledge on their part was charged to homœopathy.

T. C. Duncan, M.D., thought we could do more with medicine than is deemed possible. He cited a case of dysmenorrhœa relieved with *Sepia*, for which the cervix had been slit up by an eminent gynæcologist, without success. The symptoms that directed his attention to *Sepia* were throbbing occipital headaches; sediment in the urine adhering to the vessel; soft, velvety skin, although a brunette; and the profuse and frequent, as well as painful menstruation.

H. Pearce, M.D., suggested that Dr. Ludlam should select a committee from among the lady students who graduated from the college, to prove remedies.

### THIRD DAY.

IMPORTANCE OF EXAMINING THE EAR.—W. H. Woodyatt, M.D., read a report on Remote Causes of Disease. Its object was to draw attention to the necessity of examining the ear for the occasional cause of disease located in other parts of the body. A number of cases were given where dizziness, cloudy intellect, epilepsy, and stubborn coughs had been cured by the removal of foreign bodies from the ear. Special mention was made of the prevalence of inflammation, of the middle ear in infants, as proven by *post-mortem* examination, and of the close relation existing between the cavity and the brain. He maintained that many so-called brain troubles should more properly be referred to the ear.

ARTIFICIAL HIP JOINT.—Dr. A. G. Beebe, of Chicago, presented a very interesting case of the formation of an artificial hip joint to remedy an ankylosis of that joint. He stated that the disease had lasted fourteen years before the operation, and was caused by inflammation of the bone resulting from the use of mercury. The knee was raised as high as it could well be, and projected directly sidewise. The operation was made by dividing the neck of the femur and bringing the leg down into the proper position. It is now one year since the operation was performed and the patient has a new joint, which moves quite freely, and allows him to walk without the use of cane or crutch. This operation has been performed but three times before in America; and, although this was the most complicated case on record, it promised the most flattering results.

ELECTION OF OFFICERS.—The following officers were chosen for the ensuing year:—

*President*—H. Pearce, M.D., Green Bay, Wis.

*Vice-Presidents*—F. H. Van Liew, M.D., Aurora, Ill.; A. W. Woodward, M.D., Chicago.

*Secretary*—T. C. Duncan, M.D., Chicago.

*Treasurer*—E. M. P. Ludlam, M.D., Chicago.



Committees were appointed to report on Anatomy, Physiology, Pathology, Obstetrics, Clinical Medicine, Diseases of Women, Ophthalmology, Hygiene, Materia Medica, Climatology, Histology, Chemistry, Surgery, Psychology, Diseases of Children, Medical Education, Statistics and Necrology, History, Organization, Medical Literature, and the influence of emotion on heart-disease.

Delegates were appointed to each State Society and ten to the American Institute.

Sixteen men and two women were duly elected members during the session.

**NOMINATION OF HONORARY MEMBERS.** — The following gentlemen were duly nominated for election as honorary members next year; E. A. Guilbert, M.D., of Dubuque; H. Pearce, M. D., of Green Bay, Wis.; T. P. Wilson, M. D., of Cleveland; T. F. Pomeroy, M.D., of Detroit; W. H. Watson, M.D., of Utica, N. Y.

**SCAMMON HOSPITAL.** — The members of the Society then accepted an invitation to be present at the laying of the corner-stone of a wing of the new Scammon Hospital. This wing will be substantially built of brick — the dimensions being thirty by fifty feet, two stories high, with a basement; and, in connection with the old wooden hospital to which it is contiguous, will be large enough to meet the demands of the public for a year or two. It will have an amphitheatre for surgical operations and clinical labors, and this will prove of great advantage to the students of Hahnemann College. The new hospital, when completed, will be about the size of Mercy Hospital, and will cost \$100,000. The wing on which work was commenced will cost \$5,000. After depositing the memorial box, addresses were made by Drs. Smith, Small, and Welch. A collation closed the ceremonies.

Thus ended one of the best meetings held by the Association, which adjourned to the third Tuesday of May, 1873.

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## MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE semi-annual meeting will be held in Boston, on Wednesday, October 9, 1872. These meetings are always interesting and profitable, and we trust this will equal in importance its predecessors. We have received a circular from the committee on Clinical Medicine, Dr. D. G. Woodvine, chairman, soliciting the aid and co-operation of every physician in furnishing material for their report. If each member would but do his duty in this respect, how valuable might this report become. *Who will do his duty?*

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## PERSONAL.

N. F. COOKE, M.D., of Chicago, has been appointed Professor of Special Pathology and Diagnosis, in the Pulte Medical College of Cincinnati.



F. H. KREBS, M.D., of Boston. We have received from Dr. Krebs a circular, addressed to the profession, stating that for the past eleven years he has given particular attention to obstetrics, and that during the last two years, he has studied gynæcology under the most noted instructors in Europe. He now proposes to devote himself especially to this department of medicine, and offers his services to the profession. It will be for the convenience as well as the benefit of our practitioners to have thoroughly educated specialists in our ranks, and we should make a proper effort to sustain them.

W. H. HOLCOMBE, M. D. Our readers will be glad to know that so experienced and able a man as Dr. W. H. Holcombe, of New Orleans, is writing a work on Therapeutics. His "art of putting things," his scientific attainments, his ability to discriminate, his tact, his capacity, his liberality, his skill, and the scope of his observation, bespeaks such a treatise as we very much need. — *U. S. Med. and Surg. Jour.*

POMEROY, OHIO. We are requested to state that the vacancy in this town, of which we spoke formerly, was promptly filled.

LOCATED. THOMAS A. CAPEN, M.D., formerly with Dr. Babbitt, in Randolph, has located in Fall River, Mass.

ISAAC MILLER, M.D., graduate of the New York Homœopathic Medical College, class of 1872, has located in Delhi, Delaware Co., New York. He writes: "There is a great deal of opposition here; still I am having a good practice and good success. Delaware County bids fair to be a strong homœopathic section. We need more men here. There are many openings for young physicians in this county."

L. D. MORSE, M.D., at 19 West Court street, Memphis, Tenn.

REMOVALS. O. S. SANDERS, M. D., from 11 Bowdoin street, to 511 Columbus avenue, Boston. He is at 11 Bowdoin street daily, Sundays excepted, from 11 to 12 A. M.

W. P. WESSELHOEFT, M.D., from 178 Tremont street, to 52 Boylston street, Boston.

L. D. PACKARD, M.D., from Broadway, corner Dorchester, to No. 538 Broadway, South Boston.

J. L. BABCOCK, M.D., from Augusta to Hallowell, Me.

W. F. HOCKING, M.D., from Yonkers, N. Y., to Cleveland, Ohio.

C. S. ELDRIDGE, M.D., from San Jose, Cal., to 69 Vincennes avenue, Chicago.

I. S. P. LORD, M.D., from Poughkeepsie, to No. 95 Madison street, Brooklyn, N. Y.

B. A. WHEELER, M.D., from Boone, Iowa, to Denver, Colorado.

C. C. SLOCOMB, M.D., from Rutland, to Millbury, Mass.

DIED. HENRY A. CLARK, M.D., of Millbury, died of phthisis pulmonalis at South Hadley, April 17, 1872.

MRS. C. H. HÆSELER, wife of Charles H. Hæseleler, M.D., died suddenly of apoplexy, in Philadelphia, May 8, 1872.

# TWENTY-THIRD ANNUAL CIRCULAR.

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## HOMOEOPATHIC



## Hospital College,

—AT—

### CLEVELAND, OHIO.

---

### SESSION, 1872-73.

---

#### **FACULTY.**

J. C. SANDERS, A. M., M. D., PROF. OBSTETRICS, &C.

T. P. WILSON, M. D., PROF. PRINC. AND PRAC. MED., &C.

H. F. BIGGAR, A. B., M. D., PROF. CLINICAL SURGERY.

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H. B. VAN NORMAN, M. D., { LECTURER ON HYGIENE AND LIBRA-  
RIAN AND CURATOR OF MUSEUM.

J. R. MOODY, M. D., DEMONSTRATOR.

# Homeopathic Hospital College,

AT CLEVELAND, OHIO.

## SUPPLEMENTAL ANNOUNCEMENT.

The Trustees and Faculty of the CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE take pleasure in announcing to the friends and patrons of the institution the following important and desirable changes:

In order to secure a situation more centrally located, we have purchased the well-known "Plymouth Property," a large public building on one of the great thoroughfares of the city. Having been built for public uses it is admirably arranged for College purposes, and to this we have transferred our College and all its appurtenances.

The location is on the corner of Prospect Street and Oak Place, within five minutes' walk of the public Square and therefore accessible alike to students, citizens and clinics. It will, therefore, be easily seen how much this will enhance our dispensary and clinical opportunities.

The Twenty-Third Annual Session of the HOMŒOPATHIC HOSPITAL COLLEGE will begin on the last Wednesday in September, 1872, and close with Commencement Exercises on the second Wednesday in February, 1873.

### Report of Clinical Department.

During the year we have had a marked increase in the number of cases treated of which the following is a

SUMMARY:—Surgical, 133; Medical, 63; Ophthalmic, 34; Aural, 13; Obstetric, 7; Miscellaneous, 10. Total, 260.

Most of the foregoing cases were brought before the class during the winter session.

### Hospital Department.

Active measures are now being taken by the Hospital Association to remove the Hospital into a more accessible part of the city. It is the intention of the friends of the institution to hold a Grand Fair early the coming autumn, of which due notice will be given.

### Collegiate Prizes.

Foremost to inaugurate a system of prizes that should stimulate the students to reach a high degree of excellence, the Faculty continue to offer the following:

Best written Examination in English—Scholarship, (in fees),	\$50 00
Best Report of Clinical Cases—one Scholarship,	50 00
Second Best Report of Clinical Cases—Graduation Fee,	25 00
Third " " " " Baehr's Therapeutics,	10 00
Fourth " " " " Raue's Pathology,	5 00

### Baldwin Prizes.

Dr. A. Baldwin offers for Papers on Final Examination: First Best, Instrument-, \$25; Second Best, Instruments, \$15; Third Best, Books, \$10.

### Sanders' Prize.

For Best in all Examinations in Obstetrics—One Full Set of Obstetric Instruments, - - - - \$40 00

### Anatomy Prize.

For Best Dried Anatomical Specimen, (in fees), - - - \$25 00

### Prosectors.

Prosectors to the Chair of Anatomy will be appointed from those students who sustain themselves best in three written quizzes.

### Clinic Days.

General Surgical Clinic, Wednesdays, from 10 to 12 A. M., by Professor H. F. Biggar; Ophthalmic and Aural Clinic, Wednesdays from 2 to 3 P. M., by Professor T. P. Wilson; General Medical Clinic, Thursdays, from 10 to 12 A. M., by Professors J. C. Sanders and H. H. Baxter;



# THE New England Medical Gazette,

FOR 1872. — VOL. VII.

---

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In entering upon its Seventh Volume, no effort will be spared to maintain the established literary and scientific reputation of the **GAZETTE**, and make it one of the most valuable and interesting medical journals published in this country. The intense and bitter opposition to homœopathy now centred in Boston, will render the monthly numbers of this journal

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and as such they will be sought by every physician who feels an interest in the advancement and triumph of medical truth.

All the various departments of the past year will be conducted with the usual care; and the recently added

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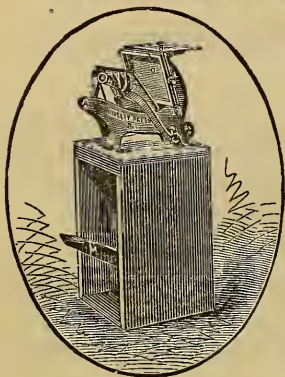
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Vaccine Virus of the Best "Stocks."**

The subscriber continues, as for the past twelve years, to devote special attention to the propagation and supply to the profession of the best possible *materiel* for vaccination.

Last spring he sent a special agent to Paris to investigate fully the whole subject of animal vaccination, as practised there, and to procure such supplies of virus in various forms and from many different animals as might enable him to inaugurate the method here. This agent returned two months since, and the objects sought in sending him have been fully attained. Over twenty heifers have already been successfully vaccinated, others are vaccinated every few days from the two non-humanized "stocks" mentioned below, and this "service" will be continued indefinitely, as is not doubted, the support of the profession justifies the great and continual labor and expense.

All virus issued by me is collected by myself from vaccinations of heifers and infants made by my own hands, and is fully warranted in every respect. In any case of failure of a first supply, a second will be sent, on notification, within twenty days.

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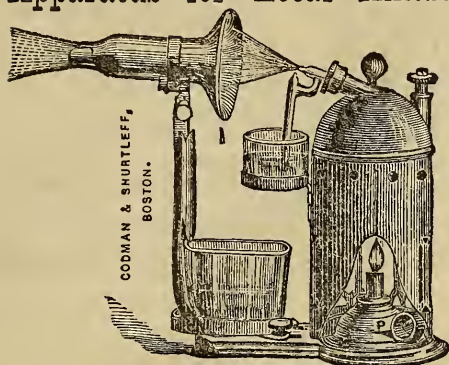
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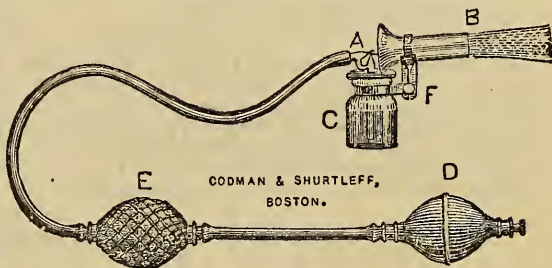
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It does not throw spirits of hot water; is convenient, durable, portable, compact, and cheap, in the best sense of the word. **Price, \$6.00.**

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The Bulbs are adapted to all the Tubes made by us for Local Anæsthesia in surgical Operations, Teeth Extraction, and for Inhalation. (For description of Tubes see Pamphlet.) **Price, \$4.00.**

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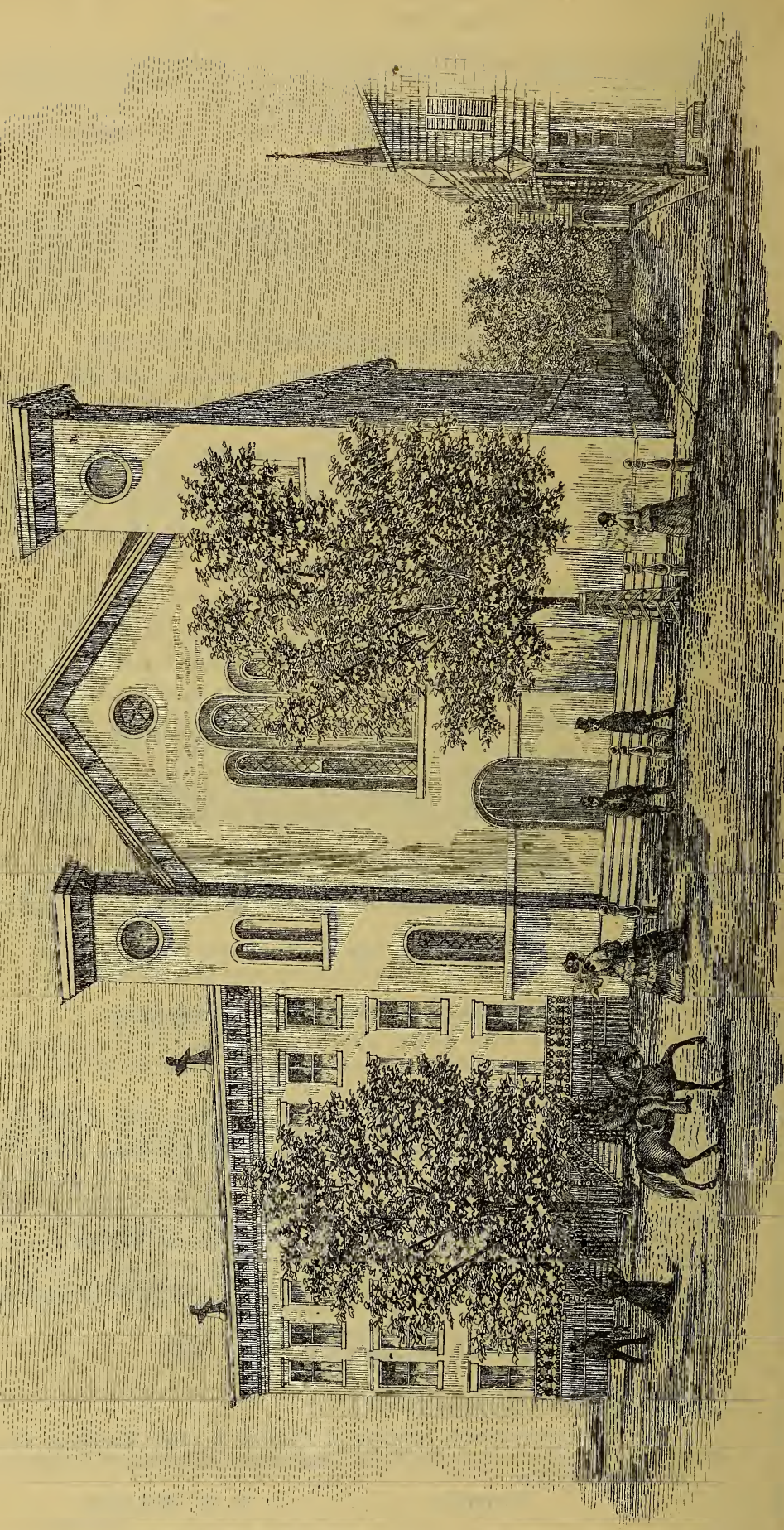
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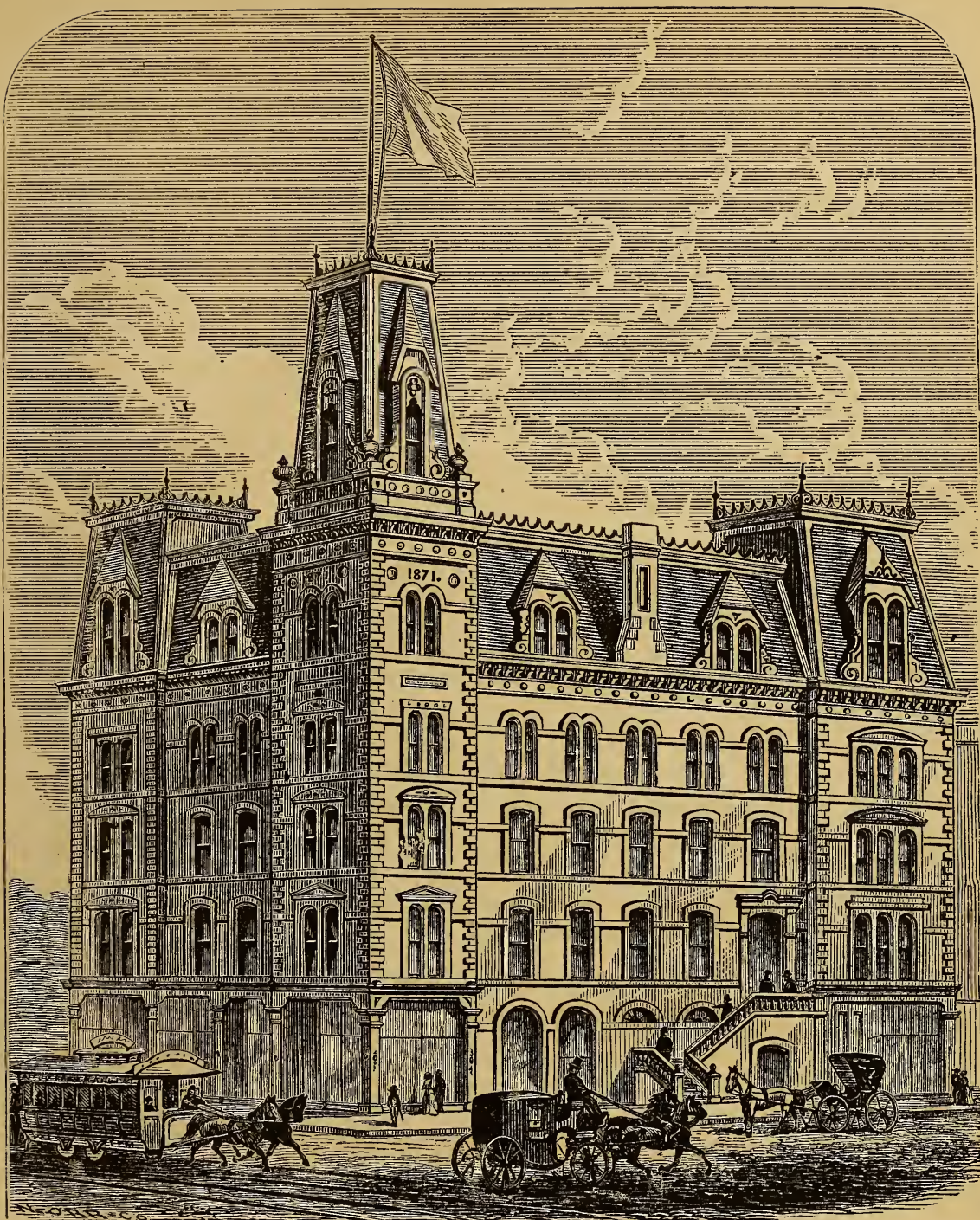




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*Emeritus Professor of Diseases of Women.*

CARROLL DUNHAM, M. D.

T. F. ALLEN, M. D.

*Professors of Materia Medica and Therapeutics.*

WILLIAM TOD HELMUTH, M. D.

*Professor of Surgery.*

C. TH. LIEBOLD, M. D.

*Professor of Ophthalmic Surgery.*

F. S. BRADFORD, M. D.

JOHN W. DOWLING, M. D.

*Professors of the Practice of Medicine.*

S. LILIENTHAL, M. D.

*Professor of Clinical and Psychological Medicine.*

HENRY D. PAINE, M. D.

*Professor of the Institutes and History of Medicine.*

HENRY C. HOUGHTON, M. D.

C. A. BACON, M. D.

*Professor of Physiology.*

*Professor of Histology.*

S. P. BURDICK, M. D.

WM. O. McDONALD, M. D.

*Professor of Obstetrics.*

*Professor of Diseases of Women.*

CHARLES AVERY, LL. D.

JAMES A. CARMICHAEL, M. D.

*Professor of Chemistry and Toxicology.*

*Professor of Anatomy.*

R. H. LYON, Esq.

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THEO. D. BRADFORD, M. D.

*Demonstrator of Anatomy.*

H. M. JERNEGAN, M. D.

*Prosector of Surgery and Lecturer on Surgical Anatomy.*

GEO. E. BELCHER, M. D.

ED. P. FOWLER, M. D.

BENJ. F. JOSLIN, M. D.

L. HALLOCK, M. D.

*Censors.*

ENOS HALL,

*Janitor.*

In addition to the above corps of Professors, there will be added a number of Lecturers on special subjects appertaining to medicine; tutors to examine; and clinical instructors in the varied practical departments of the College. During the absence of Prof. Bacon in Europe, DR. GEO. F. ALLAN will fill the chair of Histology.



NEW YORK

# Homœopathic Medical College.

---

The next regular term of the New York Homœopathic Medical College will begin on the second Tuesday of October, 1872, and will end on the last Thursday of February, 1873.

The completion of the new edifice on the corner of Third Avenue and Twenty-third Street, which is henceforth to be occupied by this College, in conjunction with the Ophthalmic Hospital, offers for the use of students, one of the most elegant, commodious and conveniently arranged buildings devoted to medical education in this country. It also enables the officers of the College to inaugurate several long-desired improvements in the course and methods of instruction.

The favorable appreciation which the profession has extended to the partial adoption by this College of a graduated and progressive plan of instruction, inspires the Trustees and Faculty to attempt still further progress in the same direction.

In accordance with this resolution, the following modifications of the usual scheme of teaching are proposed: The extension of the regular course of instruction over a period of at least two years; the classification of students according to their relative proficiency; the enlargement of the curriculum of study by the addition of new departments, as the state of medical science demands, and the adoption of catechetical teaching by tutors, or assistants appointed by the Faculty, as a regular exercise.

A detailed statement of the character and extent of these improvements, will be published in the forthcoming Announcement.

The location of the College, in the midst of a dense population, and in the immediate neighborhood of several large charitable institutions, furnishes advantages for clinical observation and experience that cannot be surpassed.

The Ophthalmic Hospital, in the same building; the Surgical Hospital, adjoining; and various Dispensaries readily accessible, are daily free to all. At the same time the surgical and other clinics of several Allopathic institutions are open to the students of this College on the same terms as others.

# TERMS.

---

Notwithstanding the additional facilities for instruction (for the accomplishment of which, large amounts of money have been expended) the Faculty have concluded to adhere to the following low rates of charges, which, when compared with those of other medical institutions in this city, offering similar advantages, will place the means of obtaining a thorough medical education within the reach of all.

Fees for a full course of Lectures,	-	-	-	\$100 00
Fee for graded course (which includes the lectures of the entire term of three years), invariably in advance,	-			160 00
Matriculation fee,	-	-	-	5 00
Practical Anatomy,	-	-	-	10 00
Graduation fee,	-	-	-	30 00
Graduates of other Medical Colleges,	-	-	-	50 00
Students who have attended two full courses at other Medical Colleges, or one at this and one at some other College,	-	-	-	50 00

For further information address,

J. W. DOWLING, M. D.,

REGISTRAR,

58 West 25th Street.

---

## RETRACTION.

We, the undersigned, ex-Professors of the New York Homœopathic Medical College, desire hereby to withdraw certain charges made by us in a pamphlet published in the Summer of 1871, against the Trustees and present incumbents of the chairs in said Institution.

The said charges were made in good faith, and from information which was believed at the time to be correct and indisputable.

We are now satisfied, from subsequent evidence, that the source from which our information was derived, is unworthy of confidence, and we deem it but an act of justice that the said charges should be revoked. They are hereby revoked.

(Signed,)

JAMES A. CARMICHAEL, M. D.

JAMES H. WARD, M. D.

My name was affixed to the pamphlet above referred to without my knowledge or consent. To this present paper I cheerfully affix my signature.

(Signed,)

F. W. HUNT, M. D.

S. B. BARLOW, M. D.

(By Miss H. E. BARLOW.)

March, 1872.

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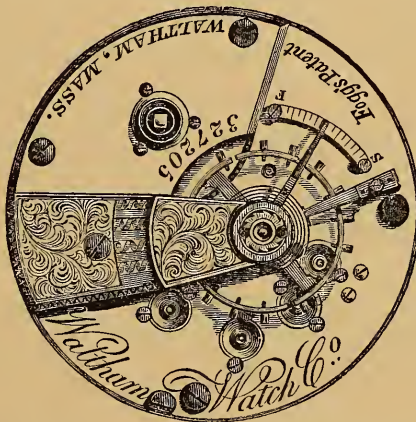


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Our Ladies' Watches are the only watches of sizes suitable for ladies' use made in this country, and, having all the characteristics of the Waltham manufacture, are warranted to give satisfaction both as to appearance and real value.

All Watches of our late production are fitted with Fogg's admirable invention (the patent safety centre pinion, used exclusively by this Company) for preventing damage to the watch by the breaking of the main-spring; also with hardened and tempered hair-springs, anti-dust rings, etc., etc.

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Offers to the profession and the public the following

## NEW MEDICAL STATISTICS,

Compiled from the official records kept by the Metropolitan Board of Health of New York city. Of the physicians who practised in this city during the years 1870 and 1871, the

Allopathists ("regulars") numbered . . . . .	984
Homœopathists " . . . . .	156

In their private practice only these

984 Allopathic physicians had . . . . .	30,395 deaths.
156 Homœopathic " " . . . . .	2,530 "

Thus showing the Homœopathic mortality to be, pro rata, only 53 per cent of the Allopathic!

This fact corroborates anew, what our limited mortuary experience had already shown, the soundness of the principles upon which this company conducts its business; viz., that homœopathic lives are the best of risks, and can safely be insured at much lower rates than allopathic lives.

Every homœopathic physician ought to insure himself and his friends in this, the only Homœopathic Insurance Company in the United States; and which now has more than one hundred thousand dollars surplus over all liabilities.

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